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THE UNIVERSITY OF ALBERTA

AN INVESTIGATION OF THE CONCEPT OF PSYCHOLOGICAL HEALTH

BY

DAVID E. D. REDEKOPP

(C)

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF EDUCATION.

IN

COUNSELLING PSYCHOLOGY

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

EDMONTON, ALBERTA

FALL, 1986

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D.E.D. Redekopp
(Student's signature)

59 Helmsdale Ave.
(Student's permanent address)

Winnipeg, Man.

Date: June 9, 1986

THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled AN INVESTIGATION OF THE CONCEPT OF PSYCHOLOGICAL HEALTH submitted by David E. D. Redekopp in partial fulfilment of the requirements for the degree of Master of Education in Counselling Psychology.

J Mitchell
.....

Supervisor

Ken Short
.....

David D. Wangler
.....

Gretchen Chase
.....

.....

Date: May 26, 1986

ABSTRACT

Existing definitions of "psychological health" are varied and often contradictory. Major conceptions of health from the medical, psychoanalytic, learning and humanistic/existential perspectives are reviewed and found to be either inadequately defined or applied to inappropriate conceptions of human personality. "Health" is examined as a theoretical construct which is independent of a particular view of personality and which is differentiated from desirable states of functioning.

"Psychological health" is defined as functioning according to individual design. It is argued that individual design follows the design of the species but does not necessarily incorporate all the potentials of the species. "Health" is assessed by comparing actual functioning with the potential functioning of the individual.

K. Wilber's (1977, 1980, 1983) transpersonal model of personality development is used as a description of "human design." Wilber incorporates the major insights of esoteric religion and Western psychology by viewing consciousness as comprising a multi-leveled spectrum. Development consists of the expansion of the self/not-self boundary to the point where the boundary evaporates. The expansion of this boundary occurs in hierarchical steps and is influenced both by environmental and constitutional factors. Wilber's model is adopted in the examination of

"health" because it comprehensively delineates human development and because it provides a means by which actual functioning can be compared with an individual's potential level of functioning.

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CHAPTER I

INTRODUCTION

The aim of personality theory is to explain human psychological functioning in its broadest sense. The investigation of personality relies on areas of psychology with specific regions of focus (e.g., motivation, cognition, and learning), each of which is highly complex. The complexity of the human personality makes its systematic investigation an extremely tenuous enterprise. Humans, in fact, may be incapable of explaining themselves. We point out the difficulty of theorizing about personality because the present work examines a concept central to personality theory, "psychological health," and because this investigation of psychological health is a general and theoretical exploration which, in its present form, is speculative and unverified.

The Problem of Psychological Health

"Psychological health" is a construct which has encompassed behaviour variously described as "normal," "ideal," "compromised," "mature," "adjusted," and "natural" (Boorse, 1976; Cassimatis, 1979; Macklin, 1973; Vinacke, 1984). "Health" has further incorporated specific, unitary, momentary and permanent factors (Macklin, 1972). It is not surprising that Jahoda claimed that "there is hardly a term in current psychological thought as vague, elusive, and ambiguous

as the term 'mental health'" (1958, p. 3). More recently, Vinacke claims that psychology is unclear in its description and understanding of human health:

> Careful review of psychological literature elicits the conclusion that there is no satisfactory theory of healthy personality....Thus there appears a remarkable omission--a blind spot, evidently--in the systematic conceptualization of personality (p.282).

This "blind spot" is unfortunate given the importance of the construct. "Health" is a fundamental concept to those theories which include it within their framework.

A legitimate concern is whether personality theory requires the concept of "health." Szasz (1984) claims that the concepts of "mental illness" and "mental health" are myths because they describe conditions which are not applicable to operations of the human psyche. Szasz understands "mind" as separate from "body" and argues that "mind" cannot be diseased or damaged. For different reasons, learning theorists also maintain that "health" is not a useful psychological construct. Learning theorists (e.g., Skinner, 1953) contend that almost all behaviour is learned and is learned in a similar fashion. Abnormal and pathological behaviours are simply the result of learning different responses than those learned by most individuals; they are not the

result of learning in a different manner, and certainly not the result of a learning "disease."

It is difficult to justify the use of the construct of "health." It has been used in such a variety of ways that one is unsure of what one is defining. Almost every theoretical system has its own particular understanding of health, some of which oppose other views of the concept. Boorse (1976) notes that a great deal of the confusion results from psychology's lack of an encompassing "supertheory" on which to base the concept. Although there are numerous conceptions of "health," it has perhaps most frequently been used in two ways: (a) to indicate normality within a social group, and (b) to indicate functioning in accord with a particular view of human personality.

"Health" has often been equated with statistical normality, possibly because personality research is directed toward understanding abnormal behaviour (Vinacke, 1984), behaviour which is also assumed to be unhealthy. There is limited purpose in attempting to understand the nature of health through the examination of abnormality. Firstly, abnormality and pathology are not equivalent concepts. For example, the behaviour of Albert Schweitzer was abnormal but probably not pathological. Secondly, the nature of health can not be accurately inferred even when the abnormality being studied is also pathological. This approach can result

in delineating the characteristics which are absent in healthy individuals but cannot determine the positive attributes which healthy persons display (Boorse, 1976). Thirdly, individuals deemed abnormal and pathological may merely be more noticeable than equally unhealthy individuals who are thought of as "normal." Although adaptive behaviour is often associated with health, there is no *a priori* reason to assume that pathology necessarily produces disfunctional behaviour. Karen Horney (1945), for example, maintained that a certain degree of interpersonal pathology was a prerequisite to achieving business "success" in North American society.

Vinacke (1984) has analyzed some of the reasons why abnormality has been a primary focus whereas health has rarely been studied directly. He notes that societal concern surrounds deviant behaviour more so than adaptive behaviour because of the threat which deviance poses. Also, abnormal individuals are more accessible to researchers than normal individuals because they are often placed in restricted settings (e.g., hospitals and prisons). The "normal" person is protected under our constitution from being studied or confined for study. Further, "there exists an implicit belief that people who are 'normal' should be left alone" (p. 283).

Perhaps it is because abnormal individuals often also appear to be unhealthy that confusion between "health" and "normality" has arisen. However, equating

statistical "normality" with "health" is untenable unless the primary criteria for health is adaptibility. Conformity is a tenous base on which to place the concept of health because the determination of the group to which an individual should conform is arbitrary (Mowrer, 1965). For example, a motorcycle gang member is normal relative to his immediate social group but is not normal in comparison to another group. The decision of which group should be used for comparison in ascertaining health is a major problem of the theories which base health upon normalcy.

The other major use of "health" conceives health as behaving in ways appropriate to a theoretical framework of personality. That is, "health" is a concept embedded within a theoretical system. With this approach, the appearance of "health" changes as it is applied to different theories. However, the underlying meaning of "health" in each theory is generally similar: this concept of health is based, implicitly or explicitly, on the criteria of "functioning in accordance with design" (King, 1945). The adequacy of a theory's conception of health is largely dependent on the accuracy of the theory's understanding of human psychological design. However, theories also vary in the manner in which they interpret the phrase "in accordance with design." Some theorists (e.g., Maslow, 1954) contend that the accord must approximate perfection for "health" to occur.

These theorists conceive "health" as an "ideal" outcome of development which is generally achieved in adulthood. Other researchers (e.g., Menninger, 1963) maintain a more flexible view of "accord" and claim that "average" functioning is healthy.

This use of "health" can be less arbitrary and less value-laden than understanding "health" as "normality." The major problem facing this concept of health lies in understanding "human design." Ascertaining the structures and processes of the human psyche is exceedingly difficult and is considerably influenced by personal values. However, theories of personality are valid only insofar as they are empirically supported. Empirical verification places value-laden concepts under scrutiny and thus serves as an independent means of rejecting or supporting their influence. Empirical tests also ensure that using "design" as a comparative standard for health is not as arbitrary as using the standard of "normality." However, tieing "health" to a particular theoretical perspective has resulted in some confusion regarding the concept's meaning. It would appear to be more prudent to define "health" as an independent construct which could be applied to, rather than enmeshed within, a particular theory.

We agree that health is best assessed via the criterion of "function in accordance with design." However, we contend that existing theories of "design"

and "health" are inadequate. Various personality theories have attempted to explain human psychological design. For the present discussion we group these into four major approaches: (a) medical theory, (b) psychoanalytic theory, (c) learning theory, and (d) humanistic/existential theory. Each system has received empirical confirmation for some concepts but has not for other concepts (Maddi, 1980). It is primarily because of the weaknesses of each of these theoretical systems that each conception of health is inadequate. However, there are also internal inadequacies regarding the manner in which "health" is defined within some of the theories. Basic philosophical differences between medicine, psychoanalysis, learning theory and humanistic/existential theory result in conceptions of "health" which are (a) different, (b) occasionally conflicting, and (c) inadequate in some respects (Rychlak, 1980).

It would seem that clearly conceiving the concept of "health" requires both that "health" be understood as a concept in its own right, independently of a specific theory, and that when it is used within a theoretical system, it be applied to the most comprehensive system available. The present study attempts to achieve both of these requirements. The system to which we apply "health" has been developed by the transpersonal

theorist, K. Wilber (1977, 1980, 1983). In our view, Wilber's theory of human personality both transcends and encompasses the reviewed theories. Our scope is limited to general concepts and thus some details regarding application and assessment are introduced only minimally. This study is intended to promote conceptual clarity regarding healthy functioning and human design.

It may seem odd that Wilber's relatively unknown theory is given substantial attention in a study of health. As of yet, transpersonal psychology has not made a major impact on "mainstream" psychology. However, the later writings of both C. Rogers (1980) and A. Maslow (1970, 1980), the philosophy of organism of A. N. Whitehead (1927), and increased exchange between Eastern and Western theorists all indicate that transpersonal concerns are worth investigating. Thus, the personal ambition of the present work is not only to more clearly conceive "health," but also to better understand a novel, interesting and difficult way of conceiving human behaviour.

Overview of the Study

Chapter II: Major conceptions of psychological health.

Medicine, psychoanalysis, learning theory, and humanistic/existential theory are summarized in this chapter for the purpose of reviewing their respective ideas of "health" and human design. This chapter does

not represent an exhaustive review of the literature on "health." Our intent is to examine the most prominent ways in which "health" is conceived and to indicate the ways in which these conceptions are limited in their perspective.

With this concern in mind, the review emphasizes each theory's (a) philosophical stance, (b) view of human nature, (c) view of personality development, and (d) interpretation of "health." Since medicine, psychoanalysis and humanistic/existential theory conceive health as "functioning according to design" (or variation thereof) it is important to understand the philosophical premises on which their conception of design is based. Learning theory rejects the concept of "health" on philosophical grounds. Positions on human nature are examined because of their influence in the understanding of "human design." Finally, each theory's understanding of personality development is summarized because "health" is defined largely in terms of this understanding.

Medicine, psychoanalysis, learning theory and humanistic/existential theory all possess unique limitations. The prominent weaknesses, especially regarding "health," are briefly examined. This investigation will demonstrate that the major schools of psychology have yet to comprehensively define "health."

Chapter III: Wilber's model of personality development.

K. Wilber's (1977, 1980, 1983) transpersonal theory of human development is reviewed in this chapter. Wilber's theory is introduced because it appears to incorporate the significant findings of the major schools of psychology within a unified theoretical framework: that is, it may be the "supertheory" which psychology requires in order to more comprehensively and systematically understand the concept of health.

Wilber (1977, 1980, 1983) relies heavily on Eastern systems of thought and adopts the view that unity consciousness, or the experience of being one with the universe, is the ultimate goal of development. For Wilber, development is a process of expanding the self, a process which occurs in discrete stages. In Chapter III the theory is reviewed in detail; included are the basic assumptions, descriptions of each level of development and the connecting links between Wilber's theory and the theories of other prominent psychologists. A substantial amount of space is devoted to Wilber's work because it is current and because it appears especially suited to embrace the many complexities of the concept of health.

Wilber's (1977, 1980, 1983) theory is particular amenable to our conception of health because it describes the general process of development occurring

both between and within stages and it specifies the structures of development. Understanding development in terms of both outcome and process is necessary to an adequate concept of health.

Chapter IV: An approach to psychological health.

In this chapter we develop "health" as an independent concept and apply this conception of "health" to Wilber's (1977, 1980, 1983) system. The clarification of the concept involves distinguishing "health" as a theoretical construct from "health" as a desirable goal. Also, we distinguish "health" as a developmental process from "health" as an developmental outcome. Further, we argue that the appropriate assessment of "health" involves individual norms rather than species norms.

A difficulty in conceiving "health" arises when its use as a theoretical construct is confused with its use as a therapeutic goal (Boorse, 1975). We maintain that "health" is a theoretical term which does not necessarily describe desirable functioning. Although it may be impossible to eliminate the influence of values from scientific enquiry, we believe that omitting desirability from the discussion of "health" minimizes their influence and thus facilitates clarity. Values should not be eliminated from the enquiry permanently: the full understanding of human functioning does, of course, include the problem of values. However, in this

thesis it is assumed that the application of values to theoretical concerns is best achieved when scientific understanding and values are first differentiated. In our view, these issues can only be properly integrated after being clearly differentiated.

We argue that "health" is best examined as a process occurring in development rather than as an outcome of development. This distinction is raised because Maslow (1970, 1971), who has perhaps contributed the most to the study of health, conceived "health" as occurring only after considerable development. Maslow viewed healthy functioning as an achievement of only highly developed individuals. We believe that Maslow's self-actualization is the result of healthy functioning rather being equivalent to "health." It seems more appropriate to conceive "health" as a process which promotes development rather than as a process promoted by development.

We also maintain that Maslow (1970, 1971) confused the potentials of the species and the potentials of the individual. His dictum for health, "being all one can be," was often used as "being all the species can be." Thus, Maslow did not consider an individual as healthy unless the individual displayed the "highest" characteristics of the species. We demonstrate that an individual's health should be assessed in terms of the

individual's potentials rather than in terms of the species' potentials.

Our concept of "health" is applied to Wilber's (1977, 1980, 1983) theory because (a) Wilber's theory appears to be more comprehensive than previous theories and (b) Wilber's concepts are particularly suited to our understanding of "health." Wilber's model provides the means by which an individual's potential can be assessed and thus compared to actual functioning. We use the example of "meaning in life" to illustrate the implications of our conception of health as applied to Wilber's model. This is example is chosen because it demonstrates that a behaviour which is healthy at one level of development may not be healthy at another level of development.

Chapter V: Integration.

This chapter is an integrative summary of the study. The intent is to give the reader a global perspective of our analysis.

CHAPTER II

MAJOR CONCEPTIONS OF PSYCHOLOGICAL HEALTH

Psychological health is a concept with varied meanings. This chapter will review several ways this idea is defined and interpreted. Although "health" is a medical term, "psychological health" is a concept central to, or implicit within, most personality theories. Thus, as well as examining the medical and biological approach to health, in this chapter psychoanalytic, learning, and humanistic/existential approaches will be reviewed. These theories will be also be summarized because definitions of health and pathology intertwine with conceptions of human nature and personality development.

Medical and Biological Model

The term "health" has its origins in medicine, therefore we will first examine the medical definition as applied to physiological processes. In medicine and biology the healthy organ is usually equivalent to the "normal" organ, although there are some exceptions (Boorse, 1975). The normal organ or organism is one which functions according to its design (King, 1945), is adaptable and is homeostatic (Cannon, 1939) (Mowrer, 1965).

Functioning according to design is a criterion of normality based on efficiency rather than on statistical norms (King, 1945). This is an idea which requires

knowledge of the original design of the machine, organ or organism. For example, the heart is designed to pump the appropriate amount of blood to the body with a certain amount of effort. If it cannot pump the appropriate amount of blood, or if it requires too great an effort to do so, it is considered unhealthy. A heart can be abnormal in a structural sense (e.g. shaped unusually) but if it performs its function it is considered healthy. There are degrees of health: For example, an athlete may have a healthier (that is, stronger, more efficient) heart than someone who does not exercise. The athlete's heart will require less effort to do its job and therefore may last longer or be more able to tolerate strain. Upon examination, however, it is possible that both athlete and non-athlete will be told that their hearts are "perfectly normal" or "perfectly healthy".

The function for which an organ is designed is often easy to determine. Removal of the heart causes cessation of blood flow, therefore we can say with certainty that the heart's function is to pump blood. Details must be ascertained, such as how much it should pump and how much effort it should exert in doing so. Idiosyncracies in design must also be accommodated. Consider a congenitally deformed limb: This limb may be considered abnormal, but within its abnormal condition

it may or may not be healthy. Its health is determined within the parameters of its particular design. Again, there is a range of health -- if the limb is strong, flexible and mobile it will be considered healthy. If it is weak, inflexible and immobile it will be considered unhealthy. However, it is always considered abnormal. Health is not always equivalent to normality (Mowrer, 1965). In the broader sphere of psychological health, similar analogies exist. Mentally handicapped individuals are considered abnormal but the status of their psychological health can be judged within the confines of their abnormality.

Design is not always as easily ascertained as the above examples would indicate. The design of brain tissue is still obscure, for example (Lynch & Baudry, 1984). As is explored later, the design of the human psyche is particularly troublesome to determine.

The determination of design is ultimately normative (Boorse, 1975). Biology has historically been an inductive science based on observation and subsequent inference (Maslow, 1971). Events are considered designed if they occur repeatedly. For example, biologists know that an acorn in the proper environment will become an oak tree only because they have often seen this occur and have not seen an acorn become

anything else. Thus, the operation of an acorn (in a broad sense) has been determined inductively.

The second consideration in the biological view of health is adaptability: that is, the ability to contribute to the probability of survival of both the individual and the species (Mowrer, 1965). An organism which behaves in ways contrary to survival is considered unhealthy. For example, a wild house sparrow caught and caged does not eat and soon dies. In the new environment, the sparrow becomes unhealthy. There are instances where organisms cannot adapt quickly enough to meet new environmental demands (e.g., buffalo). In this case the criterion is not whether they survive, but whether their behaviour is directed toward surviving.

Homeostasis is the third component of health in the biological perspective (Mowrer, 1965). Homeostasis is the tendency toward a stable state of physical functioning. This state is reached by gratifying the needs of the organ or organism or by adapting to environmental circumstances. For example, the body partly regulates its own temperature by perspiring. Maintaining a homeostatic temperature requires monitoring the environment and adjusting bodily activities as required. This ability for self-regulation in minimizing tension is essential for survival.

Functioning according to design, adaptibility and homeostasis are ways of conceptualizing health when dealing with physical organs and many sub-human organisms. They may also be adequate criteria for human psychological health; however, some complications arise which will be examined later in the chapter. For example, the determination of the design of the human psyche is not simple. As well, some experts argue that the psyche does not have a design (e.g., Szasz, 1984).

Psychoanalytic Theory

Psychoanalysis as represented by S. Freud (1926, 1930, 1938, 1957) will be reviewed here. Psychoanalytic theory has undergone revisions since Freud's last writings but his work is still the best source for understanding the basic tenets of psychoanalytic thought. Freud attempted to model psychology after the physical sciences (e.g., his is an energy model); consequently, the psychoanalytic view of health is similar to the biological approach (Rapaport, 1959). Prior to an examination of the psychoanalytic conception of psychological health, a brief outline of psychoanalytic theory is presented.

Psychoanalysis maintains that human nature is inherently "selfish" (Freud, 1930). Humans are motivated to satisfy instinctual needs of sex and aggression. However, the necessity of communal living

(one needs others in order to live) precludes the individual from spontaneously acting upon these instincts. Society's continuation requires that instincts must be channeled into appropriate behaviours. The individual's nature is almost always in conflict with society's needs.

The conflict between instinctual impulses and the demands of community is reflected in the structure of the psyche (Rapaport, 1959). The psyche is composed of three components: the id, ego and superego. The psyche is initially an instinctual pool of energy termed "id." The id is irrational and impulsive, thus it is unable to effectively satisfy its own desires. It requires a process of thinking, planning and acting by which it obtains its requirements without incurring excessive adverse consequences. These abilities are supplied by the ego, the next part of the psyche to develop. The ego acts as a mediator between the id and reality. Later, the ego also acts as a mediator between the id and superego, the last development of the psyche. The superego develops as the child, wanting to avoid punishment and gain parental approval, identifies with parental morals. The superego is the internal reflection of societal demands and is in constant opposition to the id. The task of the ego is to mediate

between the id and superego as well as between the id and reality.

The desires of the id change with development (Freud, 1938). These changes give rise to stages of development: oral, anal, phallic, latency and genital stages. In the oral stage, sexual or libidinal energy is concentrated in the mouth area. If the oral area receives insufficient or excessive stimulation, a fixation of energy occurs. Energy fixations at any stage result in certain traits being manifested throughout life. For example, oral personalities, in psychoanalytic theory, are thought to be narcissistic and continuously demanding that others cater to them (Maddi, 1980).

Adequate stimulation of the oral zone results in libidinal energy concentrating in the excretory organs (Rapaport, 1959). In the anal stage, the timing of excretions is taught to the child. This period marks the beginning of the child's interactions with social rules. Punitive or permissive toilet training can cause energy fixation in this region. Since this period is associated with giving and withholding, the anal character displays opposing traits such as stinginess-overgenerosity, stubbornness-acquiescence, and orderliness-messiness (Maddi, 1980).

In the phallic stage libidinal energy concentrates in the genital area and the subconscious desire to use the genitals to mate with the opposite-sex parent develops (Freud, 1957). The male child fears that the father's displeasure of this wish will lead the father to castrate him. To ward off this castration anxiety the child identifies with his father, adopting some of his characteristics, morals and values. This marks the beginning of the superego. The female child, not having a penis to lose, experiences less fear than the male in this stage. The father's unavailability as a love object causes the girl to identify with her mother. However, because there is less fear, the identification is weaker than the male's. As a consequence, women are believed to possess weaker superegos than men. The phallic character resulting from fixation in this stage exhibits traits related to sexuality. These traits include vanity-self-hatred, brashness-bashfulness, chastity-promiscuity and gaiety-sadness (Maddi, 1980).

The phallic stage is followed by a latency period characterized by little psychosexual activity (Freud, 1957). The genital stage coincides with puberty and lasts until death or senility. The goal of this period is full sexual functioning with the opposite sex. The genital character is a mature individual, functioning productively within society. Through the defense

mechanism of sublimation (converting instinctual urges into socially acceptable behaviours), the genital character satisfies both instinctual urges and societal requirements (Rapaport, 1959).

We have seen that one cause of pathology is stunted development or fixation. Fixation at a stage of development is not the only cause of pathology. An inescapable aspect of human experience is anxiety, even if all the psychosexual stages are dealt with adequately. Freud (1926) viewed anxiety not just as an adverse reaction to potential external dangers, but also against internal dangers. These internal dangers are the superego's punishments and the id's impulsive gratification of instincts. When the anxiety arising from these possibilities becomes too great, the anxiety is reduced through the use of the ego's unconscious defenses. Sublimation, mentioned above, is the "healthiest" of the defence mechanisms because it allows for appropriate social functioning without thwarting the desires of the id. Other defences are considered to be pathological when they do not satisfy the id, the superego and society simultaneously. For example, projection is a defense where one's own wishes are attributed outward to an external source. This reduces anxiety by placating the superego; however, projection does not gratify the id or contribute to adequate social

functioning. Therefore, projection is a futile use of energy with respect to satisfying the original need of the id (Maddi, 1980).

From the above summary we can infer that only two possibilities exist for healthy functioning within the psychoanalytic framework. One form is a hypothetical possibility that is not practically feasible. This would occur with an individual placed in a context where instinctual gratification would be immediately and infinitely available. An individual able to satisfy instinctual demands without societal retribution would experience no anxiety and need no defences. This individual would be equivalent in personality to the physiologically healthy animal. Since humans must live in groups to survive, this individual exists only as a theoretical possibility. The nearest approximation might be the very powerful dictator who can satisfy sexual and aggressive needs at will.

The other healthy personality is the genital character who uses primarily sublimation as a means of defence (Ryckman, 1978). The genital character is one who is predominantly, but not entirely, conforming. Satisfying sexual urges through a mature relationship, this individual has minimal fixations of libidinal energy. Aggressive impulses are generally sublimated through the person's work or discharged through socially

acceptable means. By satisfying the demands of the id and superego, the ego is able to incorporate an optimal amount of the psyche's energy. Thus, the healthy individual perceives reality accurately and is able to deal with it adequately. The lack of unhealthy defence mechanisms such as projection and denial also contribute to the accurate perception of reality (Rapaport, 1959).

It was mentioned previously that Freud's conception of psychological health is similar to the biologist's conception of physical health. The genital character does not function entirely according to design; however, if it were possible to function according to design (as in the "animal" personality described above), this would be truly healthy. Freud (1930) viewed society as a necessary evil which prevented humans from functioning according to their psychic design. Hence, humans are never ideally healthy. The argument that humans are designed to live socially is rejected by psychoanalysis: the design of humans is to satisfy sexual and aggressive impulses. Society co-exists with this design, but operates on a completely different set of rules.

Psychoanalysis agrees with biology that adaptive behaviour is healthy (Rapaport, 1959). The genital character is the one who best adapts to the requirement of group living while satisfying individual needs. By satisfying sexual impulses directly through the

love-relationship, the genital character promotes the survival of the species. Sublimating aggressive tendencies also enhances the probability of the species surviving.

Psychoanalysis also concurs with biology that homeostasis promotes health and therefore, is desirable (Maddi, 1980). Tension produces anxiety which often leads to undesirable defences. Again, societal demands restrict the attainment of the homeostatic state because tension is an inevitable experience of the communal human. However, the genital character most closely approximates the ideal of homeostasis. By sublimating urges and dealing with reality effectively, the genital character is able to satisfy needs and maintain minimal levels of tension.

Learning Theory

"Learning theory" is a term used to refer to a number of different approaches to understanding human behaviour. The principles of classical conditioning, operant conditioning and social-learning theory all fall under this category. For the purpose of examining issues of psychological health, operant conditioning (as presented by B. F. Skinner (1953, 1971, 1974)) and social learning theory (as presented by A. Bandura (1965, 1971, 1977)) will be reviewed. Classical conditioning principles will be omitted because (a) they

have not been formed into a systematic personality theory, and (b) they are not qualitatively different from the principles of operant conditioning (Rychlak, 1981). Skinner and Bandura are chosen as representatives because they are considered to be prominent spokesmen of their respective approaches (Ryckman, 1978).

Behaviourism

Skinner (1953) outlined a model of human behaviour wherein the psyche, thoughts, feelings, needs and instincts are given minimal priority. Behaviourism studies and explains primarily observable events, employing a deterministic model where randomly emitted behaviours (operants) are selectively rewarded or punished by the environment. The consequences of behaviours determine their continuation or extinction. A major contribution of Skinner's was the delineation of the contingencies by which responses may be strengthened, changed, combined with other responses, or extinguished (Rychlak, 1981). Skinner found that various schedules of reinforcement differentially affect the speed of response-acquistion and the strength of acquisition.

In Skinner's (1974) brand of behaviourism humans are viewed as qualitatively identical to lower organisms in terms of learning principles. The only

distinguishing characteristics of humans are anatomical ones which allow for behaviours such as language and writing. Thus, personality development is a continuous learning process which does not qualitatively differ with age. Behaviourism does not explain psychological health in any systematic fashion because it denies the importance of the psyche. Health for the behaviourist is equivalent to physical health. Describing behaviours as "healthy" or "unhealthy" is seen as a conceptual error: all behaviours are functional by definition (except new operants -- however, if these are not functional they will not continue) (Skinner, 1971). However, some behaviours elicit rewards or avoid punishments more efficiently than others. The most efficient behaviours are the statistically normal ones; the ones which conform to societal standards. Thus, the "healthy" individual is conceived in the same terms as the "average" individual.

Behaviourism's view of "health" is entirely predicated upon societal standards (Patterson, 1980). When operant conditioning procedures are adopted in therapy, the therapist has no goal other than fulfilling the client's wishes or fulfilling the wishes of the client's custodians (e.g., the state, in the case of the client in a psychiatric institution or jail). When therapy is forced upon the client, the goal is socially

acceptable behaviour, the criteria of which is dependent on the nature of society at the time.

Behavioural theory does not incorporate a concept of psychological health, therefore in this regard cannot be compared with psychoanalysis. Health is strictly related to physical processes. "Mental illness" and "mental health" are thought of as meaningless terms because there is only appropriate behaviour or inappropriate behaviour as determined by the society in which the behaviour is occurring or by the individual who engages in the behaviour (Rogers & Skinner, 1956).

Social learning theory

Bandura's (1971) social learning theory is an eclectic model which borrows concepts from systems of classical and operant conditioning as well as introducing new concepts. Social learning theory does not view the individual as entirely buffeted by external forces nor entirely driven by internal urges. Cognitive processes mediate between stimuli and responses resulting in a "reciprocal determinism" between individual and the environment.

Social learning theory introduced observational learning as a major influence on behaviour. Bandura (1965) did not agree with Skinner that behaviours needed to be performed and rewarded in order to be learned: complex behaviours could be learned by watching others.

The model's response patterns which are rewarded may be performed by the observer, whereas those which are punished need not be. However, whether performed or not, the individual acquires the knowledge needed to carry out either set of response patterns through observation. For example, an individual does not need to murder someone and then be punished to learn not to murder, or to learn how to murder.

Cognitive processes allow not only for observational or vicarious learning: self-rewards and self-punishments are also possible (Bandura, 1977). Thus, behaviour is regulated by the individual as well as by the environment. Self-regulation is further enhanced by the cognitive processes of "goals-plans" (Pervin, 1980) which allow for future planning independently of immediate environmental consequences. However, it should be noted that the ability to self-regulate does not imply that humans are free to choose: "Problems arise when we get down to the basic origins of self-regulation, where Bandura seemed to revert to traditional, nonpersonal, or environmental (as well as biological) origins" (Rychlak, 1981, p. 496).

Behaviour is ultimately determined by environmental contingencies but social learning therapy often focuses on changing thought processes (Bandura, 1977). Expectancies of outcomes affect clients' willingness to

engage in behaviours. If clients believe they will fail to carry out behaviours properly, they usually will not attempt to do so. These expectancies are related to what Bandura termed self-efficacy, the person's perceived ability to cope with a situation or carry out a task. Feelings of inefficacy prevent individuals from attempting behaviours or entering situations. This avoidance makes it difficult for these feelings to change to self-efficacious ones. One of the goals of therapy is to lead individuals through these avoided behaviours so that they can feel efficacious. Feelings of inefficacy play a central role in pathology, leading to defensive behaviours and anxiety. Notice that anxiety does not cause defensive behaviours in Bandura's model: perceived inefficacy causes both anxiety and defenses (Pervin, 1980).

Pathology is the result of dysfunctional learning of behaviours and expectancies; for the most part, this means behaviours which are maladaptive to societal norms (Pervin, 1980). Healthy functioning is adaptive functioning. As is the case with behaviourism, the term "healthy" is an inappropriate label for adaptive functioning because all behaviours are learned in the same fashion. Only maladaptive behaviours which have a physical basis are considered unhealthy.

Humanistic/Existential Theories

Humanistic and existential viewpoints are dealt with together here because their conceptions of health are similar. Although there are diverse varieties of both humanistic and existential theories, the core concepts which connect these groups are similar. Specifically, these theories are tied together by the belief that healthy functioning is related to the actualization of human potentials. Of the humanistic theorists, A. H. Maslow (1954, 1966, 1968, 1970, 1971) and C. R. Rogers (1951, 1959, 1980) are chosen as representatives. Maslow is chosen because his research focussed on psychological health. Rogers is chosen because he developed therapeutic means of developing positive psychological health. Of the existential psychologists, V. Frankl (1963, 1966, 1970) and R. May (1953, 1958a, 1958b, 1967) are chosen as spokesmen because of their extensive writings.

Rogers' Person-Centred Approach

Rogers' theory of personality (1959) is derived from his clinical experience as a therapist. This theory is phenomenological, stressing the importance of how individuals perceive themselves and their world. A key concept in Rogers' theory is the self:

> the organized, consistent conceptual gestalt composed of perceptions of the characteristics of

> the "I" or "me" and the perceptions of the relationships of the "I" or "me" to others and to various aspects of life, together with the values attached to these perceptions" (1959, p. 200).

A related concept is the ideal self; the self-concept an individual would most like to possess. One necessary component of psychological health is that the discrepancy between the self and the ideal self is minimal.

Rogers postulates only one motivating factor in his ~~system:~~ the actualizing tendency. This he describes as the tendency to "actualize, maintain, and enhance the experiencing organism" (1951, p. 487). This tendency is monitored by the organismic valuing process, a process which selects those experiences which are good for the organism from all that is experienced. It is important for the person to maintain congruence between self and experience: that is, for actual experience to be consistent with the self-concept. When this does not occur, the organism is understood by Rogers to be in a state of incongruence and is subject to anxiety and possibly the use of defences.

The way in which discrepancies come about is an involved process. The infant learns to need positive regard, initially to be satisfied by its parents. This need can dominate the organismic valuing process,

leading to denial of experiences which are good for the organism but which do not result in positive regard. Conversely, some behaviours or experiences may be regarded positively even though they are not good for the organism. The organism is living in terms of conditions of worth rather than by the organismic valuing process. Defenses which distort or deny personal experiences arise to keep experiences contrary to the conditions of worth out of awareness (Rogers, 1959).

Rogers' (1980) person-centred therapy is designed to remove conditions of worth so that the client becomes more congruent and can behave according to the actualizing tendency. This is achieved by giving the client unconditional positive regard. To ensure that the client perceives the unconditional positive regard, the therapist must empathically understand the client and be congruent in the therapy situation.

The goal of therapy is to develop a "fully functioning person," which is Rogers' (1980) term for the healthy individual. The fully functioning person is one who, through therapy or otherwise, has received unconditional positive regard and consequently is able to function according to his or her organismic valuing process. This person will have minimal need for defenses, will be open to experience, will not have

conditions of worth, will give and receive positive regard, will perceive reality accurately, is creative, and, follows his or her own standards when different from those of the culture.

Maslow's Need-hierarchy

Maslow's theory of motivation (1954, 1970) consists of a hierarchy of prepotent needs, each need requiring partial fulfillment before the next emerges. These needs are 1) physiological needs (e.g., food, sex, sleep), 2) safety needs (security, orderliness, predictability), 3) belongingness and love needs (to be loved, to love, to feel part of a group), 4) esteem needs (competence, mastery, admiration, esteem, self-esteem), and 5) need for self-actualization (being all one can be, actualizing one's potentials).

The first four needs were seen as deficiencies in the organism and are called Deficiency or D-needs (they are also called basic needs). They are seen as deficiencies because their fulfillment produces health and lack of fulfillment results in illness: that is, they are viewed as playing a role similar to that of vitamins and nutrients. The organism becomes sick without the gratification of these needs. The need for self-actualization encompasses many derivative needs called Being or B-needs (e.g., beauty, truth, justice, meaningfulness, goodness) which are qualitatively

different from D-needs in that they do not fulfill a deficiency in the organism (Maslow, 1970).

Self-actualizing individuals have a clearer perception of reality than others, are more problem-centred than others, resist enculturation, are creative, find meaning in life, and are actualizing their potentials (Maslow, 1968). They also possess the quality of Gemeinschaftsgefuhl, a feeling of kinship with humanity which they express through their work, their acceptance of others' flaws and through a democratic attitude. Actualizers have a spontaneity and simplicity which allow them to repeatedly enjoy the basic things in life such as eating, sex and the beauty of nature. There are many defining characteristics of self-actualizers, but these can be grouped into major categories: autonomy, superior perception of reality, problem-centredness, spontaneity and Gemeinschaftsgefuhl (Piechowski & Tyska, 1982).

The theory assumes D-needs and B-needs are based in biology (Maslow, 1971). Humans are assumed to be intrinsically good, or at least neutral, and the proper environmental conditions will allow the biologically-based real self to actualize. However, as the higher needs can easily be suppressed by poor environmental conditions, actualization rarely occurs (Frick, 1971).

Maslow (1970) was aware of other factors affecting individuals than these needs, but stressed that these needs are the most important motivators of human behaviour. Maslow considered Freudian, neo-Freudian and behavioural approaches to be adequate when dealing with extreme pathology, but inadequate when dealing with normality, health and growth.

May's Existential Analysis

May's (1953) existential analysis attempts to integrate psychoanalytic and behavioural principles with an existential position. Like Maslow, May (1958a) sees the former two approaches to be limited. Two major criticisms of these approaches are directed towards their deterministic emphasis and their view of humans as mere objects. Existentialists emphasize that humans are free to make choices. Also, existentialism attempts to avoid the Cartesian world-view which seperates subject from object. Humans are viewed as "beings-in-the-world" who are neither exclusively subject or object. In this view, an individual must learn to deal with the objective aspects of existence (e.g., death, illness) by choosing attitudes toward these events.

Being and nothingness (or non-being) are important concepts in May's (1958a, 1958b) theory. Being refers to acting authentically through the freedom to make choices. "'Being' should be understood...to mean

potentia, the source of potentiality; 'being' is the potentiality by which the acorn becomes the oak or each of us becomes what he truly is" (p. 41, 1958b). One can also choose nothingness; acting inauthentically by allowing others to make one's choices or define who one is. Non-being refers to losing the potentialities of being. The most extreme threat of non-being is death, but the loss of individuality or awareness are also forms of non-being. Humans have the freedom to be, which requires commitment and responsibility. Many surrender this freedom to be because it is easier to compromise to the demand of conformity than it is to behave authentically.

Anxiety takes two forms in May's (1958b) theory: neurotic and ontological. May agrees with Freud on the nature of neurotic anxiety, but does not agree that all anxiety is neurotic. Ontological anxiety arises from the threat of non-being and pushes humans to strive for being. However, attempting to act authentically does not remove ontological anxiety because the quest for being merely highlights the possibility of non-being. Being and non-being are inseperable, thus ontological anxiety is a core part of human existence which cannot be alleviated. Ontological anxiety is not entirely negative because it can be used to stimulate action.

Ontological anxiety can be defended against rather than faced courageously (May, 1958b). The defence mechanisms described by Freud may be used to avoid anxiety. Defences alleviate anxiety but also result in an abdication of freedom. The defending individual becomes more of an object than a subject by allowing external forces to control behaviour. The highly defended individual, which is also the pathological individual, most closely approximates the stimulus-response organism. The goal of existential therapy is to expand awareness and regain control of one's behaviour. This process allows ontological anxiety to return and be dealt with. If this anxiety is dealt with constructively and with commitment, the individual is said by May to be healthy or authentic.

Authentic individuals strive to actualize their true selves. May (1967) disagreed with Maslow that the healthy individual is automatically good: goodness is seen as a deliberate choice, a choice which requires a struggle. Nothing is automatic for the authentic individual. The maintenance of being requires constant choosing and commitment. Even continuing to live is an ongoing choice because one is capable of choosing not to.

Frankl's Logotherapy

Frankl's theory is derived from clinical experience in the psychoanalytic tradition and from life experience, particularly three years as a prisoner in German concentration camps (1963, 1970). Frankl views the human personality as comprised of three basic dimensions - the physical, the psychological and the noological or spiritual (in a non-religious sense). The noological dimension is the distinctly human dimension, and this is the dimension upon which logotherapy is based. For pathologies in the physical and psychological dimensions, Frankl relies upon medicine and traditional psychiatry.

The noological dimension is where the freedom to choose and the personal responsibility for these choices become important (Frankl, 1970). Logotherapy helps clients accept responsibility and to make choices which are in accordance with their "will to meaning." Meaning can be found through three areas: work, love and suffering. Meanings and values are not creations of the self: they exist in the conditions confronting individuals. Logotherapy attempts to help clients respond responsibly to meanings waiting to be fulfilled.

Frankl (1966) terms the healthy personality the "self-transcendent individual". This individual is one who is task-oriented rather than self-oriented, has

meaning in life, is free from pathology and who assumes responsibility for his/her attitudes toward life, no matter what the circumstances.

Evaluative Remarks

The biological, psychoanalytic, learning and humanistic/existential models present the most prevalent approaches to psychological health. Relatively minor contributions have been made to the concept of psychological health since the work of the seminal theorists presented above (Vinacke, 1984). However, each approach contains theoretical and methodological difficulties which require examination.

The origins of the term "health" in medicine suggests that the definition to be used is the medical or biological. However, as mentioned previously, the design of the psyche is difficult to determine, and the very existence of a design has been questioned (e.g., Szasz, 1984). Szasz maintains that "health" must be a term reserved for strictly physical processes. He argues that the psyche or mind is not a strictly biological outcome and thus, cannot be diseased or damaged. Szasz views the biological conception of psychological health to be dehumanizing because it equates the functioning of the mind with the physiological processes of the brain.

The mind/body problem is a substantial issue among various concepts of psychological health. However, it is not necessary to equate mind with brain in order to maintain that the psyche has a design. The mind may be an entity separate from the brain, yet still operates predictably. Also, the claim that the mind has a design does not necessarily imply a strict determinism. The design of the mind may be such that limits are placed on its functions, but within these limits exist freedom of choice. For example, humans are designed to acquire language, but the extent of language acquisition and the nature of its use is influenced by choice and practice (e.g, Chomsky, 1959). Even libertarians such as Szasz (1984) do not argue that the mind is omnipotent. The criterion of functioning according to design may be useful without being dehumanizing.

When applied to human psychological health the criterion of adaptability has its problems. Although there is logical credence to the idea that behaviour which promotes survival is healthy, closer inspection raises some questions. For example, was the individual who complied with Nazi authority healthier than the one whose life was threatened in resistance (Maslow, 1968)? This is not a rhetorical question: the biological sciences would consider the former healthy while humanistic/existential thought would consider the latter

healthy. Altruism presents another instance where the biological view opposes the humanistic/existential interpretation. Although sociobiology (Barash, 1979) acknowledges that altruistic behaviour can be adaptive (when the object of the altruistic act is related to the actor), in the main altruism is considered maladaptive. Humanistic/existential theorists (e.g., Maslow, 1970) usually interpret altruism as a sign of psychological health, depending on the circumstances.

Since most human behaviour occurs in social contexts, adaptive behaviour is often equivalent to conforming behaviour. In other words, adaptive behaviour is often statistically normal behaviour. In order to get along in a society, an individual must operate according to its rules. This directly relates to individual survival because social functioning is necessary for the gratification of needs (e.g., earning a living in order to eat). The ability to adapt to society also furthers the continuation of the species: a "normal" person is more likely to find a mate than an "abnormal" one. However, socially adaptive behaviour is seen by some (particularly the humanists and existentialists (e.g., Maslow, 1968)) as being merely "average" rather than "healthy."

The healthiness of homeostasis is another area of contention. This concept seems well suited to lower

organisms but it is not nearly as effective in its ability to explain the behaviour of higher organisms such as apes and humans. It has been demonstrated that higher organisms frequently seek tension (e.g., attempting to solve problems for the sake of problem-solving) and it appears that these organisms become unhealthy when tension-seeking is unavailable (e.g., animals in captivity) (Harlow, 1968). However, it has also been demonstrated that high degrees of tension are unhealthy in higher animals (Brady, 1958). Thus, it appears that the homeostatic concept is most reasonably applied to human psychological health when it is specified as a range of acceptable tension rather than as a lack of tension.

The medical or biological model provides useful concepts to the area of human psychological health. However, when applying these concepts to human behaviour it is important that they be modified to suit specifically human attributes and that human complexity is appreciated. Human design is not clear, therefore understanding "appropriate functioning" is ambigious. Discerning the adaptability of behaviours is also difficult. Finally, the optimum range of tension for humans is ill-specified.

The psychoanalytic conception of health has been systematically criticized most by humanistic/existential

theorists (Tageson, 1982). One fundamental argument is directed towards the psychoanalytic view of human nature as selfish. The humanistic theorists (e.g., Maslow, 1968; Rogers, 1959) believe that humans are intrinsically good or "neutral," thus the psychosocial conflict on which psychoanalysis is based is essentially incorrect. This criticism is problematic because human nature has not been ascertained and probably will not be in the near future. Any view of human nature encounters severe difficulty with verification.

Criticism can still be levied at psychoanalysis within the constraints of its view of human nature. Even if humans are selfish, there is evidence that they are motivated by more than the desire to reduce sexual and aggressive drives. Humans appear to possess a genuine need for social contact (Spitz, 1965), for example. As mentioned previously, humans also appear to seek tension rather than reduce it, at least within certain limits. Existentialists argue that the existence of sexual and aggressive instincts does not imply that they control human behaviour (Tageson, 1982). These instincts do not necessarily need to be sublimated or otherwise defended against: the rational abilities of humans are often capable of exercising control over them.

Behaviourism has been criticized for being simplistic and dehumanizing (e.g., Maslow, 1970). Although it evades many of the problems associated with postulating a position on human nature (humans do not have a nature in this model), it oversimplifies by giving minimal credence to the fact that humans do have needs, and do possess qualitative differences which distinguish them from "lower animals" (e.g., learning principles can not explain the rapid rate of language acquisition) (Chomsky, 1959). Although often capable of prediction, the behavioural position is not explanatory in a comprehensive sense. For example, rewards are defined by their ability to increase responses, and responses are said to increase because of rewards. This is a circular position which does not seem to contribute to a comprehensive understanding of psychological health.

Social learning theory is subject to similar criticisms as behavioural theory (Maddi, 1980). The inclusion of thought is a strength, but the determined nature of thought would be argued by humanists and existentialists (Tageson, 1982). Also, the normative view of health would be contested by the same group. The humanistic/existential theorists believe entire societies can be unhealthy (e.g., Nazi Germany), thus an

individual conforming to such a society would be equally unhealthy.

The humanistic viewpoint has difficulties different from the learning approaches. Rogers' critics claim that his theory ignores the "evil" aspects of human behaviour by postulating only one human motivation, the actualizing tendency (Ryckman, 1978). It seems unrealistic to expect the actualizing tendency to explain everything from crime to altruism, from pathology to health, or from aggression to love. Criticism is also directed toward the emphasis on subjective experience to the neglect of external conditions (e.g., Rogers & Skinner, 1956). This emphasis poses empirical as well as philosophical problems because subjective experience is difficult to measure, and equally difficult to verify.

Maslow, like Rogers, has been criticized for an overly positive view of human nature (Maddi, 1980). Although Maslow incorporated evil behaviour into his theory more extensively than Rogers, his explanations of aggression are considered to be weak. Both theories collapse without the assumption of humanity's intrinsic goodness or neutrality.

Perhaps the greatest criticism of Maslow's theory is directed toward its methodology. Maslow chose subjects that he considered to be healthy and then

defined health via the characteristics of these individuals. This subjectivity of selection and circularity of verification is not considered to be rigorously scientific by most of his critics (e.g., Tageson, 1982).

There are also problems with the need-hierarchy. Empirical studies have not found basic need emergence in the sequence which Maslow (1954) proposed (Wahba & Bridwell, 1976). Also, there are few actualizers in North American society even though it seems that there are sufficient opportunities to fulfill basic needs (Frick, 1971). A further problem was pointed out by Viktor Frankl (1966): individuals in concentration camps appeared to actualize even when basic need gratification was impossible.

By accounting for evil and pathology in greater depth than either Rogers or Maslow, May's theory is more comprehensive (Ryckman, 1978). However, its gains in comprehensiveness are at the expense of precision and testability. Many of May's concepts are vague and poorly connected. His theory lends itself to an intuitive understanding of humans but is not amenable to scientific enquiry. Its lack of determinism would be rejected by psychoanalysis, behaviourism, and social learning theory.

Logotherapy is more easily tested than May's theory (Tageson, 1982). However, Frankl tends to ignore motivation and needs (although he does not claim to have a comprehensive theory of personality) and implies that anyone can achieve self-transcendence regardless of their genetic endowment or environmental background.

A criticism levied by humanistic psychologists is that Frankl minimizes the importance of self-awareness and the development of the self (Tageson, 1982). Frankl believes that situations call upon individuals to act regardless of personal inclinations, talents and capacities. Individuals do not create meanings based on knowledge of themselves, as the humanistic theorists would argue - they deal with what life presents them. Maslow (1966) would argue that the self is a part of biology and is just as real as the "real world." Consequently, the self and its needs must be considered in relation to the world.

Frankl also does not differentiate (and may not think there is a need to differentiate) between meanings which are internally directed (meanings which fulfill a need of the self) and those which are externally directed (meanings which satisfy a need in the world). A meaning chosen because it fulfills a personal need is unlikely to result in self-transcendence because it focusses on the self. Frankl's meaning could also be

used as a means of avoiding the needs of the self: needs which the individual is unable to cope with or is unaware of (e.g., joining a cult to avoid dealing with the world). In general, Frankl's approach to self-transcendence and meaning is not restrictive enough to distinguish between healthy and less healthy individuals.

The problems presented here indicate a need for a reexamination of the concept of psychological health. One of the significant recent attempts at defining health has been made by Vinacke (1984). Vinacke relies heavily on psychoanalytic theory but introduces modifications adapted from learning, humanistic and existential thought to bolster its weaknesses. He conceives "psychogenic" drives (functionally autonomous learned motives) as supplementing biological drives. Psychogenic drives allow for the possibility of the ego using libidinal energy directly rather than through a process of defense. Thus, motives such as Maslow's self-actualization or Frankl's "will to meaning" can be autonomous instigators which are not necessarily the results of sublimation.

The nature of motivation depends on the nature of the superego in Vinacke's (1984) conception. He proposes that healthy individuals have a strong "conscience positive" which is more prescriptive than

the prohibitive "conscience negative." Also, healthy personalities have a strong "ego ideal positive" whereas others have a dominant "ego ideal negative." By naturally behaving according to what "should" be done, rather than by avoiding what "should not" be done, healthy individuals have less occasion to feel guilty and thus, experience fewer defenses.

Vinacke (1984) conceives psychological health as the progression from biological drives to positive psychogenic drives. By adopting these more "human" drives, the ego becomes more autonomous in its functioning. The superego's prescriptions for behaviour may be adopted by the ego with little conflict. The id is less powerful in Vinacke's model than in Freud's, thus the healthy psyche experiences greater integration between id, ego and superego.

One advantage of Vinacke's (1984) model is that it does not rely on one particular view of human nature. The learned nature of drives allows for the socialization process, rather than instinct, to account for the "positive" human tendencies proposed by the humanists. Also, this model can account for learning principles without becoming as deterministic as most learning theories.

The primary weakness of this conception is that it emphasizes "health" as an outcome of development more so

than as a process which aids development. This understanding of "health" leans toward Maslow's conception of health as an achievement of development, a conception which we criticize in detail in Chapter IV.

Summary

The review of biological, psychoanalytic, learning theory and humanistic/existential approaches to health illustrates the complications of defining psychological health. Biology's criteria of functioning according to design, adaptibility and homeostasis are simple in principle but become extremely complex when applied to human psychology. All the theories reviewed agree that functioning according to design, if there is a design, is healthy. However, agreement does not exist concerning the nature (or existence) of the design of the psyche.

Delineating human design begins with a view of human nature. For learning theorists, there is no human nature. Humans are shaped by environmental forces. Psychoanalytic theory views humans as selfish, thus healthy functioning is the ability to serve selfish needs in conjunction with societal requirements. Humanistic psychology contends that humans have inherent positive qualities which, if allowed to actualize, would allow for the healthy individual. The existentialists agree with the humanists that humans must actualize

potentials to be healthy, but stress that humans have evil as well as good potentials. The crux of health for existential psychology is the use of the freedom of choice: facing the threat of nonbeing by choosing being.

Different views of human nature result in differing statements on the healthiness of adaptibility and homeostasis. Learning theories and psychoanalysis concur with biology that these are healthy functions. These criteria hold true for animals, therefore they apply to humans. Humanists and existentialists disagree because they see humans as qualitatively different from animals. Humans are capable of transcending their biology. Humans seek tension and should not merely conform. Conformity is seen as a weakness by humanistic/existential theories: to be healthy humans must exercise their abilities for self-awareness and conscious choice. These choices may lead them away from the expectations of their society.

A recent model of psychological health developed by Vinacke (1984) combines the insights of traditional conceptions and thus overcomes some of their individual difficulties. By introducing purely psychological drives to the traditional psychoanalytic model, Vinacke accomodates proposals of "higher" needs put forth by humanistic theorists and permits a larger role to be

played by learning. Drives such as self-actualization or self-transcendence are seen as learned, with their direction provided by strong "conscience positives" and "ego-ideal positives." Vinacke's model was minimally evaluated here because the criticism of viewing "health" as an outcome of development is elaborated in Chapter IV.

Wilber's (1977, 1980, 1983) model of development may facilitate the reconciliation of many of the differences described in this chapter. This transpersonal psychology attempts to integrate the above approaches as well as others. By viewing consciousness as a spectrum, and development as movement along this spectrum, Wilber attempts to illustrate that biological, psychoanalytic, learning theory, and humanistic/existential approaches are complementary rather than contradictory. Wilber's theory forms the basis for the ensuing description of psychological health.

CHAPTER III

WILBER'S MODEL OF PERSONALITY DEVELOPMENT

Wilber (1977, 1980) has developed a theory of development which allows for an integration of the approaches of Western psychology and Eastern philosophy. The core concept of the theory is that consciousness has many levels which exist along a continuum or spectrum. Schools of psychotherapy and systems of religion generally focus their efforts on understanding only one particular level of the spectrum. In doing so, these systems produce what appear to be conflicting and contradictory conclusions about human functioning, when in actuality their conclusions are complementary. In Wilber's view, the major schools of psychotherapy and religion are unnecessarily limited. Just as physics was able to make a major leap when it realized that radio waves, x-rays and light were all forms of the same entity, Wilber contends that psychology will be elevated by realizing that consciousness is multi-leveled. Although detailed, the theory does not address each area of development (e.g., cognitive, moral, motivational, affective) separately. Wilber refers to others, particularly Piaget, Kohlberg, Maslow, Erikson and Freud, for these specific aspects.

Assumptions

Following Maslow's (1954) approach, Wilber (1980) examines "advanced" individuals in order to determine

the direction of human development. Unlike Maslow's self-actualizers, Wilber's determination of "advanced" is based on the consensual validation of religious leaders or sages on the nature of enlightenment. Important similarities exist in various sages' descriptions of enlightenment independently of the religious system they have adopted or the culture to which they belong. The occurrence of these similarities across cultures, history and beliefs gives Wilber the confidence to assume that sages such as Christ and Buddha represent the highest levels of personality development.

The assumption that sages are "advanced" leads to necessary assumptions for the theory of development. By "necessary," we mean that the choice of sages as models demands that their description of reality is taken as true. These assumptions are: (a) "reality" as commonly experienced is illusory - true Reality is realized when we experience being one with the universe; (b) the illusory reality, or maya, has been created for no apparent reason; and (c) the infant "contains" all the structures necessary for development as potentialities (Wilber, 1980).

The first postulate is based on the experience of Hindu, Zen and Christian sages, among others (Wilber, 1980). True reality must be directly experienced

because it can not be adequately described with symbols. Its transcendence of subject and object precludes its explanation by language or logic. However, what it is not can be described. Reality is void of dualisms (described in detail below) such as subject/object, self/other, life/death or symbol/symbolized. It is a direct experience of being one with the universe; realizing oneness with God and realizing that God is everything. Reality (Mind, Godhead, Buddha, Void, Atman, Brahman) is timeless and dimensionless. Analogous (but not equivalent) to Reality is the scientist's concept of nature. Scientists study forms of nature but never nature itself. Nature is everything, including the scientist. The scientist, that which is observed, and the process of observing are all aspects of nature. Nothing exists outside of nature, hence nature cannot be an object observed by a subject: nature transcends both subject and object. However, according to sages, "Nature" can be directly experienced (Wilber, 1977).

Both Eastern and Western writers have communicated the notion of enlightenment. They stress that only the Level of Mind is real and all else are creations arising from the impositions of various dualisms on Reality (Wilber, 1977). Whether the reader "believes" this or not is irrelevant for the moment. What is relevant is

the manner in which the theory of the development of consciousness unfolds if one accepts this assumption.

The second postulate arises because of the nature of Reality. Reality encompasses reason and causality and thus cannot be meaningfully examined by the logic of causality. Therefore, queries directed at the reason for the existence of maya are misconceived. We can not speculate about the reason for the existence of dualisms because cause and effect presuppose duality (Wilber, 1977).

The last premise, that all developmental structures are present at birth, is similar to humanistic psychology's (e.g., Maslow, 1954) actualizing potential. The developmental levels to be described emerge hierarchically: they are not created by the environment. The environment's role consists of supplying the necessary conditions for the structures to emerge (Wilber, 1980).

Wilber's conceptions of development require careful presentation. To facilitate clarity, the spectrum of consciousness (1977) is described separately from the model of development (1980). The spectrum of consciousness model illustrates some of the outcomes of development in terms of the self without a detailed examination of the dynamics involved (e.g., motivational or cognitive factors). The core concepts of the theory

are more easily isolated in the model of the spectrum of consciousness than in the model of the process of development.

The Spectrum of Consciousness

Four main dualisms create the levels of human consciousness: (a) The Primary Dualism is the original act of severance from the unity of Mind: the subject/object, self/other, knower/known, seer/seen split. This is where humanity views itself as separate from the environment; (b) The Secondary Dualism is where humanity severs the unity of life and death; (c) The Tertiary Dualism is the separation of mind from body, where individuals experience their mind "inside" the body, and; (d) The Quaternary Dualism is the separation of messages from meta-messages, or the separation of communications from their source (Wilber, 1977). The importance of these dualisms will become clear as we examine the spectrum of consciousness.

There are three main levels of the spectrum: the Level of Mind, the Existential Level, and the Ego Level. Between these levels are bands or levels which supplement the main levels. These are the Shadow Level, the Biosocial Level and the Transpersonal Level. With each move downward in levels toward Mind, two distinguishing processes occur. Each movement between levels involves discarding a dualism (from Quaternary to

Primary) and the expansion of one's definition of Self. At the Level of Mind, the definition of self includes the universe; at the Shadow Level the self does not even incorporate all of the psyche. Each development of consciousness expands the position of the self/not-self boundary (Wilber, 1977).

The Shadow Level

The Shadow Level is not necessarily a stage of consciousness which everyone passes through but, as Freud (1957) discovered, it is a common stage of consciousness (Wilber, 1977). The Shadow Level includes all of the major dualisms. The dualism of primary interest here is the Quatenary Dualism, the separation of messages from their source. This area was Freud's speciality -- the psyche is fragmented into those aspects which are acceptable (conscious, or in Wilber's (1977) terms, Persona) and those which are not (unconscious or Shadow). We will not repeat psychoanalytic theory here. It is sufficient to note that parental/societal injunctions are incorporated and taken to be one's own (superego) and these injunctions conflict with the desires of the id. The ego is left with the task of satisfying the id, the superego and reality simultaneously, and this task almost inevitably results in the repression of certain aspects of the psyche. The concept of repression is crucial to

Wilber's theory because he believes every dualism is really a Dualism-Repression-Projection. At the Shadow Level, the Quaternary Dualism-Repression-Projection is invoked to separate undesirable messages (e.g., lust) from their source (one's self). For example, the experience of lust, if there is a superego injunction against it, will be repressed and projected to an outside source. Hence, the original desire, "I feel lust towards X", is repressed and projected outward: "X is lusting after me." The message is perceived accurately but the source of the message has been distorted. This is the Quaternary Dualism. Certain aspects of the psyche become disowned and made unconscious. These unconscious aspects make up the Shadow. The Persona is made up of those characteristics or desires which are acceptable. At this level, the self/not-self boundary is drawn within the psyche or "mind" itself. However, keeping in mind the ultimate goal of Mind, or being one with the universe, we must realize that the Shadow is only a small part of the unconscious at this level. The body and environment are also unconscious in that even though they are perceived (message), they are not taken to be one's own (source).

Therapeutically, the first step "down" toward Mind involves re-owning the Shadow (Wilber, 1977). One has no control over desires or qualities perceived to be

outside of one's self. As Freud (1957) demonstrated, repressed facets of ourselves do not go away; they return to affect us in many ways. At the Shadow Level, almost everything is outside of the Persona, hence the individual is prone to many disorders or pathologies. As most of Freud's work involved methods of integrating the unconscious (at this level, Shadow) with the conscious (Persona), psychoanalysis is one of the therapies of choice here. Wilber calls psychoanalysis an Ego Level therapy because it attempts to develop a unified psyche or self. Through psychoanalytic methods the Shadow can be re-owned and gained control of, leaving the individual with a "whole" psyche, which Wilber terms Ego.

The Ego Level

At the Ego Level the Persona and Shadow are integrated, but the Tertiary Dualism-Repression-Projection persists, leaving the feeling that one's mind (Ego) is located inside one's body (Wilber, 1977). Rather than being a Centaur, one feels more like a "rider" of one's body; sometimes in control and sometimes not. The self is identified with the Ego, leaving the body (and environment) unconscious. This is a more stable state than the Shadow Level because one assumes control over more functions. However, note that what is identified with is

essentially a mental representation; a collection of memories which amalgamate to define the Ego. Actual experience (i.e., experience of the body taking in information through the senses or creating its own sensations) is largely denied. That which is not denied one assumes one has no control over. Individuals at the Ego Level have aches, pains and joys which just "happen" to them. They do not perceive that they <u>are</u> the aches, pains and joys.

The goal of Existential Level therapies (e.g., Gestalt therapy (Perls, Hefferline & Goodman, 1951), bioenergetic analysis (Lowen, 1967), logotherapy (Frankl, 1963), existential analysis (e.g., May, 1953), humanistic therapies (e.g., Rogers, 1980), Hatha yoga (e.g., Feuerstein, 1975)) is to integrate the psyche and soma into a unified organism. Wilber (1977) distinguishes between two major classes of existential therapies: <u>somatic-existential</u>, which orient more toward the body (e.g., bioenergetic analysis) and <u>noetic-existential</u> therapies which primarily orient to the mind (e.g., logotherapy). However, both groups have the common goal of expanding the self to include the body. Most of these therapies believe that mental problems "create" bodily tensions and bodily problems create mental problems: "...<u>what in the mind is a war of attitudes, in the body is a war of muscles</u>" (p. 246).

Before the self becomes the Centaur, the Biosocial Band is passed through (Wilber, 1977). As the name implies, the Biosocial Band is involved with the conventions of society such as language, laws, morals and ethics. These conventions, injunctions and taboos act as a filter of reality (Fromm, Suzuki & DeMartino, 1970), and are very deeply ingrained. Individuals are indoctrinated in societal mores and meanings from infancy and these are generally incorporated without conscious awareness. Societal conventions are essential to the survival of a society, but often societal rules are contradictory. The "double-binds" (Bateson, 1972) that can result for an individual may be cause for turmoil and pathology at the Biosocial Level. For example, Western society stresses rational thought as an important process. It also (or at least a large part of it does) educates societal members to have a powerful faith in God. These processes are contradictory and the pursuit of either or both may lead to conflict.

To stablize at these bands, therapies are required which bring assimilated social institutions to awareness (Wilber, 1977). Gestalt therapy (Perls, et al., 1951), because it focuses on awareness of one's language, is an appropriate therapy for this level. Gestalt therapy leads the client into awareness of what is normally taken for granted. For example, the sentence "He makes

me really angry" could be questioned with "He makes you angry? How does anybody make you angry?". By a thorough inspection of one's language, "shoulds", and "oughts", the Biosocial Band can be made conscious and therefore more under the person's control. Systems theory (von Bertalanffy, 1968) and family therapies (e.g., Satire, Bandler & Grinder, 1976) also attempt to stabilize individuals at the Biosocial Level. The existential therapies often incorporate work on both the Biosocial Level and the Existential Level. Once one "owns" previously unconscious social institutions, one is more able to reject or keep them. This process, along with "re-owning" the body, leaves one more aware that one is an autonomous organism facing a potentially hostile environment. This marks the attainment of the Existential Level.

The Existential Level

At this level the Quaternary and Tertiary Dualism-Repression-Projections have been almost completely dropped. One now is one's body and has chosen those rules of society which one wishes to follow. One must now face "one's stark existence, shorn of all egoic ideas, objects of cognition, and intellectual crutches" (Wilber, 1977, p. 248). The Primary Dualism of self vs. other and the Secondary dualism of being vs. non-being remain. These dualisms

are a great source of anxiety. Existential therapies at this level help individuals confront this anxiety, to choose Being, and to find meaning. These dualisms must be confronted in order to realize one's existential freedom. As well as some of the therapies which have been mentioned, religions often offer direct support at this level. However, exoteric religions (those religions which take their scriptures literally, generally having a Supreme Being -- these are different from esoteric religions) handle these dualisms differently. The Primary Dualism (self/other) is not dealt with by Being-in-the-World, but rather by appeasing the "other:" that is, God. Instead of believing in the finality of death, exoteric religions stress ever-lasting life rather than only temporal life.

The Transpersonal Bands

The Transpersonal Bands are the least understood of all the levels of consciousness (Wilber, 1977). Most Western psychologists interpret the phenomena (e.g., out-of-body experiences, astral travel, ESP, etc.) occuring at these bands to be pathological. Eastern "esoteric" religions (those religions without an external God, where the individual is one with God) view these bands as dangerous and seductive, therefore encourage those at this level to work through to the Level of Mind as quickly as possible. The essence of

these bands is the experience of being more than just an isolated organism, either through becoming aware of the collective unconscious or through paranormal phenomena. Jung's (1972) analytical psychology, in a similar process engaged in by therapies on other levels, attempts to contact and integrate those aspects which are breaking into consciousness (i.e., archetypes). This experience can be painful (as was much of Jung's personal experience with archetypes), but can also be positive and energy-creating (e.g., Maslow's (1971) peak-experiences). This level begins to undercut the Secondary and Primary Dualism-Repression-Projections by contacting those aspects which transcend the personal self, thereby allowing people to more objectively perceive both mind and body. This perception helps one realize that mind and body cannot be a real subjective self - there is an even greater "Seer." This is the realm of meta-motives, which in Maslow's words are

> no longer only intra-psychic or organismic. They are equally inner and outer...This means that the distinction between self and not-self has broken down (or has been transcended). There is now less differentiation between the world and the person...He becomes an enlarged self, we could say...To identify one's highest self with the highest values of the world out there means, to

> some extent at least, a fusion with the not-self (as cited in Wilber, 1977, p. 281).

It is experiences such as these which can assist a person to gain a glimpse of the Level of Mind.

The Level of Mind

As we attempted to describe above, the Level of Mind is experienced as "enlightenment" or "unity consciousness" (Wilber, 1977). Here an individual experiences no dualisms. The Level of Mind forms the ground from which all other levels arise. Again, we face the problem of describing it because "It cannot be thought about because it is doing the thinking; it cannot be looked at because it is doing the looking; it cannot be known because it is doing the knowing" (p. 85). The Level of Mind is present within every other level. For example,

> Every individual habitually feels that his ego, his self, is the subject of his experiences, feelings and thoughts, that his subjective self in some way perceives the external world, that his subjective self is now reading the words on this page. And this he expresses by saying "I am aware of my self reading." But the fact that something in me can look at my subjective self, that is, the fact that there exists in me right now an awareness of my "self" reading this page, should show me clearly

> that my supposedly subjective self is really an object of awareness! It is not a real subject at all, for it can be perceived objectively. (p. 83)

The Level of Mind is the focus of attention for much of Eastern religion/philosophy (Wilber, 1977). However, many Eastern religions do outline the various levels of illusory "reality" or maya. Because these levels are viewed as illusory, Eastern thought has not focused its attention on them to the extent that Western psychology has. However, Wilber compared his theory of the spectrum of consciousness to various systems of Eastern thought and found essential agreement. Vedanta Hinduism has the "gross body," where man identifies with a mind "in" a body (Ego Level); the "subtle body," which includes the will to live as well as the ability to dichotomize (Existential Level); the "causal body," where dualities still exist but are temporarily put aside (Transpersonal Bands) and; Brahman-Atman, or Level of Mind. Mahayana Buddhism, Zen Buddhism and Tibetan Buddhism also have similar levels. Close agreement is also found with two of the more esoteric researchers in the West, Lilly (1972) and Benoit (1955).

The creation and movement of the self/not-self boundary is the central feature of human development (Wilber, 1980). The "placement" of this boundary influences, and is influenced by, cognitive and moral

development, motivational factors, and social interaction. The interaction of these processes are examined below.

General Process of Development

Regarding the general form of development, Wilber agrees with Werner (1957): "Wherever development occurs it proceeds from a state of relative globality and lack of differentiation to a state of increasing differentiation, articulation, and hierarchical integration" (as cited by Wilber, 1980, p.1). The general process of development, which occurs at all levels of the hierarchy, consists of: (a) the self differentiating from that with which it has been identified; (b) transcending its previous identification, and; (c) operating on that which it was identified with, using as tools the structures of the new level. This general prescription of development should become more clear as each level or stage is examined. An analogy which may guide the reader is viewing development as a ten story building, each floor representing a level of development. Transcendence, or transformation, is moving from one floor to the next: that is, transformation is vertical. Operating, or translating, is analagous to moving furniture around on any one floor: that is, translation is horizontal. Wilber equates transformation with "deep structure"

change and translation with "surface structure" change. "Deep structures" are the structures existing as potentialities within an individual; they contain the parameters for development. "Deep structures" (the floors of the building) are not learned but are "remembered." "Surface structures" (the furniture) are those learned structures which are unique to the individual.

Wilber (1980) claims that lower structures are not lost when transformation to a higher structure occurs. The self dis-identifies with the lower structure, in the sense that it no longer exclusively identifies with it, but it still has access to that structure. Each structure becomes a part of the next structure.

New structures emerge either when translation fails or when translation reaches its limit (Wilber, 1980). To use Piaget's (1977) theory as an example of translation reaching its limit, formal operational thought emerges after concrete operational thought has been solidly established. Freud's (1957) oedipal complex is an example where resolution is the result of translation failure. Translation failure can be accentuated by the environment. For example, as a child develops the ability to speak, the parents encourage the child to put into words that which he/she could

previously indicate bodily. This results in the emergence of a "mental-self" from a "body-self".

Motivation

Personal development is motivated by the drive toward unity consciousness (Wilber, 1980). In Reality, the organism already is one with the universe. However, it is not conscious of this unity and begins to seek it. The drive toward Atman (another name for unity consciousness), called the Atman-trend, is undertaken by the self. Instead of the realization that the individual already is Atman, the self becomes an Atman-substitute. This application of Atman-telos to the self, rather than to the whole being, results in the Atman-project: the quest for "absolute Unity, but in ways or under constraints that necessarily prevent it and allow only compromises" (p. 101). The intuition that the dualisms of life/death and subject/object are illusions is distorted by the self into the desires for immortality and "cosmocentricity" (the desire to control the universe). Hence, the self has two major drives: the maintenance of its own existence (Eros) and the avoidance of death (Thanatos). Notice that the death of the self at any level of development is usually positive because it allows for transformation upward. Eros, while positively valued by the self, can be a hindrance to development because it prevents transcendence.

Types of the Unconscious

Wilber (1980) defines five unconscious types: (a) ground, (b) archaic, (c) submergent, (d) embedded, and (e) emergent. The distinctions between types are derived from distinguishing between that which is repressed, that which begins as unconscious and later emerges, and that which begins unconscious and stays unconscious. Also, instinctive, personal and collective processes are distinguished.

Ground-Unconscious

The ground-unconscious contains all the structures of development (Wilber, 1980). These structures exist as potentials at birth, much like Maslow's (1954) need-hierarchy. These structures are not repressed: they begin in the ground-unconscious. The process of development consists of their emergence.

Archaic-Unconscious

The archaic-unconscious consists of what Freud (1971) called the material for "primal phantasies;" instinct based archaic-images. Wilber (1980) agrees with Freud that these are not based on personal experience but are built-in structures representing a "phylogenetic heritage." Jung (1972) called the images arising from these structures "self-portraits of instincts." Unlike Jung, Wilber distinguishes between these pre-personal archaic-images and those

trans-personal collective images experienced later in development. Jung referred to both as archetypes. Wilber reserves this term for the trans-personal images.

Submergent-Unconscious

In the healthy developmental process, structures in the ground-unconscious emerge one after the other in a complete manner (Wilber, 1980). When complications arise in development, structures or parts of structures which have emerged may be removed from consciousness and submerged. Submergence can occur via repression, selective forgetting and simple forgetting. The submergent-unconscious contains previously conscious material which, for various reasons, has been submerged.

Embedded-Unconscious

At each level of development the self identifies with the newly emerged structures of that level. It is Wilber's (1980) contention that because the self is exclusively identified with those structures it is unable to perceive them: that is, it cannot see them because it is them. These structures can only be perceived at the next level of development where the self is not identified with them. "It is the nature of an exclusive identification that one does not and cannot realize that identification without breaking that identification. In other words, all exclusive identification is unconscious identification - by

definition and fact" (pp. 88-89). The structures the self identifies with constitute the embedded-unconscious.

Emergent-Unconscious

The emergent-unconscious consists of those structures which have yet to emerge (Wilber, 1980). The emergent-unconscious is a subset of the ground-unconscious. Emergent-unconscious structures begin as unconscious but can also be repressed. Repression in this case is the resistance to emergence.

Levels of Development

The Pleromatic Self

The neonate does not distinguish between itself and its world (Wilber, 1980). It experiences events without separating its subjectivity from the objective environment. At this level, experience is pre-spatial and pre-temporal. Consciousness at this level is what Piaget (1977) called "protoplasmic" or "symbiotic:" "During the early stages the world and the self are one; neither term is distinguished from the other...the self is material, so to speak" (as cited in Wilber, p. 7).

This self, incapable of subject/object differentiation, is not to be confused with the Self at the highest level (Wilber, 1980). Although both are non-dual, the pleromatic self is at a level of pre-personal ignorance, not trans-personal awareness.

It does not have all levels of consciousness at its command.

The first step in development is the differentiation of self and other (Wilber, 1980). This gradual process begins with the emergence of the alimentary uroboric self. Wilber is vague as to the reason this emergence occurs - the implication is that it is an automatic process of development correlating with brain development.

The Alimentary Uroboros

This level marks the beginning of a vague distinction between self and other (Wilber, 1980). Although experience is primarily non-dual, there is some sort of self-boundary. "Uroboros" (the name for the mythic serpent eating its own tail) was chosen to describe this stage because it represents a self-contained unit only vaguely differentiated from its surroundings. The uroboric infant is alimentary in that it is dominated by physiological needs. This level corresponds with the beginning of both Freud's (1971) oral stage and Piaget's (1977) sensorimotor stage.

The beginning of a differentiation between self and other results in the beginning of fear. "Wherever there is other, there is fear" (Wilber, 1980, p. 10). At any level of development, the form of fear and anxiety is determined by the nature of Eros and Thanatos at that

level. Uroboric Eros is the desire of the uroboric self to once again fuse with the uroboric other: that is, to return to the pleromatic stage. However, this return would result in the death of the separate self. This is uroboric Thanatos. Translation is taken to its limit and new cognitive structures (Piaget's (1977) sensorimotor stage 3) emerge, allowing for the creation of a stronger self/not-self boundary.

The Typhonic Self

The level of the typhon is composed of three sub-levels: (a) the "axial-body," (b) "pranic-body," and (c) "image-body" (Wilber, 1980). The typhonic level begins at around the age of four to six months, lasting until the acquisition of language. Axial (physical), pranic (emotional) and image refer to modes of representating the self.

The axial-body.

Beginning at the fourth to sixth month of life, the infant begins to be able to differentiate the physical body, the axial-body, from the environment (Wilber, 1980). This differentiation is completed around fifteen to eighteen months. Corresponding to stages three, four and five of Piaget's (1977) sensorimotor level, the axial-body infant has the ability to recognize objects as distinct from other objects, but does not yet have object constancy. Representations are through

"axial-images;" simple, immediate representations which allow for recognition of that which is present. Corresponding also to Freud's (1971) oral-sadistic stage, the most important axial-image is that of the breast.

The pranic-body.

The pranic-body level marks the beginning of basic emotions such as rage (Wilber, 1980). These basic emotions are now possible because there exists a self: that is, these emotions are connected to the self rather than being just reflexive responses. Pranic-body emotions are spontaneous and unsustained. The infant does not have the cognitive abilities for maintaining or inhibiting them.

The image-body.

The image-body level corresponds to the final levels of Piaget's (1977) sensorimotor stage (Wilber, 1980). Cognitive development is such that the infant begins to develop the ability to have images of an extended duration. This allows for object constancy, which, in turn, creates an extended world and extended time. Of particular importance is the extension of emotions. Fleeting fear is now able to become anxiety. Anxiety reduction now becomes a motivation along with the pleasure principle.

Rather than relying on fleeting axial-images, the infant can construct more permanent images of the world (Wilber, 1980). The most important of these concrete images are those of the mother and those of the infant's own body. Mother becomes the focus of the infant's external world: what was the uroboric-other now is the "Great Mother."

Eros is represented by the "good breast;" Thanatos by the "bad breast" or loss of breast (Wilber, 1980). Being motivated according to the pleasure principle, fear at this level is based upon fear of loss of the breast. The separate self-sense at this level creates a new form of the Atman-project. No longer one with the world, the infant pursues Atman by attempting to swallow the world or "Great Mother." This attempt represents Eros at this level. Thanatos here is the possibility of losing the breast and thus, being consumed by the world.

The Verbal-Membership Self

Significant changes within the personality occur with language acquisition (Wilber, 1980). Cognitive abilities, sense of time, sense of self, emotions, and self-control are all extended by language symbolization. This level of self is called "membership" because the acquisition of language brings with it society's ways of perceiving the world. Becoming a member of society

necessitates learning its language and the numerous societal rules embedded within it.

With the development of language, cognition gradually changes from prelogical to logical. This stage is "precausal (Piaget, [1977]), prelogical (Freud, [1971]), animistic, magic words and thoughts (Ferenczi, [1956]), paleological (Arieti, [1967]), autistic language (Sullivan, [1953]) - and it has been extensively investigated by Lacan [1968] as the 'forgotten language of childhood'" (Wilber, 1980, p. 23). Thought is more "name-and-word" than conceptual.

Language allows for the transcendence of that which is immediately present: it deals with the future and the past (Wilber, 1980). The child begins to identify with what he/she has been in the past (as dictated by the parents in the forerunner of the superego) as the verbal-mind emerges. The self's identification with the verbal-mind marks the beginning of the differentiation between mind and body. Rather than being bound to the immediate present of the typhonic body, the child can begin to think about and operate on the body, using as tools its developing mental structures. The task of the child is to begin to learn to control the body, as in Erikson's (1963) stage of autonomy versus shame and doubt.

Self-control has its focus in the anal region (Wilber, 1980). According to Freud (1971), libidinal energy shifts from the oral region to the anal as parents demand control of that part of the body. This region also becomes the focus of the child's fears. With the beginnings of the mind/body differentiation, the greatest fear is the loss of the body. This fear takes its form in the fear of losing feces, which, to children's "magical" way of thinking, is the loss of part of their own body. This loss represents Thanatos at this level. Eros is manifested in the desires for autonomy and control which are symbolic of the basic desires for cosmoscentricity and immortality.

Mental-Egoic Realms

The mental-egoic level is comprised of three stages (early ego (ages 4-7), middle ego (7-12), and; late ego (12 up)) but these will not be differentiated for discussion. As the "name-and-word" abilities of the child increase toward becoming truly conceptual, the self identifies more strongly with the mind. The "ego," as Wilber (1980) uses the term, is a conceptual self. The child's relationship with his/her parents becomes internalized to form intra-psychic relationships. The child now uses the superego for control.

The superego forms part of the embedded-unconscious and therefore has the ability to repress parts of the

total ego. The nature and extent of this repression is determined by the way phallic dynamics, which begin with the early ego, are resolved. Wilber (1980) agrees with Freud's (1971) description of the processes of the phallic stage, including the Oedipal/Electra complexes. Wilber views the root dynamics differently, seeing the desire to possess the mother as a form of seeking Unity. The child wants to become the father of himself: that is, God. This is the form of Eros at the early ego stage. Thanatos is the impossibility of Unity through bodily-sexual means. Castration anxiety is the anxiety of Thanatos, the death of the bodily-sexual self. Wilber agrees with Fenichel (1945) that "castration anxiety in the boy in the phallic period can be compared to the fear of being eaten in the oral period, or the fear of being robbed of the body's contents in the anal period: it represents the climax of the fantastic fears of body damage" (as cited in Wilber, 1980, p. 130).

The incomplete resolution of the Oedipal/Electra complex may result in the repression of aspects of the ego (Wilber, 1980). This repression results in the creation of the Shadow. The conscious Persona (which can be made up of various sub-personae) is identified with particularly in the late ego period, corresponding with Erikson's (1963) identity versus role-confusion stage.

Cognition in these levels consists of the consolidation of concrete operational thinking during the middle ego and the development of formal operational thinking during the late ego period (Wilber, 1980). These ways of thinking are tools which the self can use to operate on, or translate its world. Notice that the transformation from a "name-and-word" self to a self-concept creates different modes of translating the world. This process occurs at every level of development. Translation, which is learned, is used to stabilize the self-sense at any particular level. The child at this level is learning the skills of translating the world in terms of thought: that is, the child is developing a self-concept. This process of stabilization represents the Eros of this level. The force of Thanatos is outweighed by Eros until the individual discovers that thought, in and of itself, does not lead to Unity. This point corresponds to the satisfaction of Maslow's (1954) needs for belongingness, love and esteem. Once satisfied, the individual begins a new quest.

Centauric or Existential Realms

Once the individual is firmly grounded in formal operational thought, has satisfied Maslow's (1954) basic needs, has developed an identity or strong ego, and has integrated the shadow, transformation occurs (Wilber,

1980). The death of the ego (or at least the death of an exclusive identification with the ego) is required for the centauric structures (self-actualization) to emerge. Wilber points out that the centaur rarely emerges in our society because, in an evolutionary sense, our society is egoic. Thus, there are few models or "pacers" available to lead the individual to the centauric realms. Just as the typhonic child is encouraged to express himself through language by the parents, egoic individuals often need someone to encourage them to transform to the centaur. This encouraging, or imposing of special conditions, is one of the major aims of humanistic/existential therapies.

The centaur, a mythological character composed of half man, half horse, represents the higher unity of mind/body integration (Wilber, 1980). Rather than experiencing the self within the body, the centaur experiences the self to be the "bodymind." The self no longer operates on the body but <u>is</u> the body. This movement from a purely conceptual self to a conceptual/physical self results in a shift of Eros and Thanatos. Rather than seeking immortality through ideas or possessions, the centaur must find meaning within a finite existence. Eros is the desire for self-actualization. Opposing this quest for being is Thanatos, or non-being. Thanatos is resisted through

the courage to face the problem of being vs. non-being and find meaning within it. As long as this courage outweighs the force of Thanatos, translation along this level will occur, creating a strong centauric self. Eventually, however, the individual will realize that having meaning does not end the quest for Unity. With this realization (and with the proper guidance) transformation will usually occur.

Subtle Realms

The subtle realms may be brought to emergence through guidance (e.g., by a guru or sage) or they may emerge automatically once a strong centauric self is established (Wilber, 1980). These levels have largely been ignored by Western psychology with the exception of the work of Jung (1972) and a few others. Thus, most of our understanding of these levels is derived from religious systems which focus their thought on these levels. Wilber relies mostly on Hindu and Buddhist descriptions, which delineate eight levels within the subtle realms. Wilber groups these into two categories, the low-subtle and the high-subtle. The descriptions below are sketchy, but provide a general overview of the basic themes of low-subtle and high-subtle levels of self.

Low-subtle self.

The low-subtle self is characterized by the emergence of transpersonal structures or events, such as Jung's (1972) collective unconscious. Individuals begin to realize some connectedness with others through archetypes or psychic phenomena. This realization allows individuals to become aware that they are not confined to the centaur, but are also part of something greater. This encourages the ability to "transcend the normal capacities of the gross bodymind and therefore operate upon the world and the organism in ways that appear, to the ordinary mind, to be quite fantastic and far-fetched" (Wilber, 1980, p. 67). An example of a "fantastic" operation is clairvoyance.

High-subtle realms.

Where the low-subtle realm gives individuals a glimpse of being greater than mind and body, the high-subtle realms allow for the direct experience of "that which is greater." Although not yet Mind or Unity, individuals experience the existence of Unity and the bliss associated with the experience. "Consciousness, in a rapid ascent, is differentiating itself entirely from the ordinary mind and self, and thus can be called an 'over-self' or 'over-mind'--almost like calling the ego an 'over-body' or 'over-instincts'" (Wilber, 1980, p. 68) The bodymind is dis-identified

(but not alienated) and can be observed from outside of it. Experiences at this and the higher levels are generally ineffable, making description difficult. For example, the psychiatrist Dean (1975) gave the following report:

> An intellectual illumination occurs that is quite impossible to describe. In an intuitive flash, one has an awareness of the meaning and drift of the universe, an identification and merging with creation, infinity and immortality, a depth beyond the depth of revealed meaning-- in short, a conception of an over-self (as cited in Wilber, 1980, p. 68).

Causal Realms

Language cannot describe the nature of experience in the causal realms for the same reasons that it cannot describe Reality. In the causal realms Reality is beginning to be directly experienced and the dualisms on which language depends are being abandoned. Hence, the descriptions below (as well as any descriptions) are, by definition, inaccurate and vague.

Low-causal realm.

The archetypes experienced in the subtle realms are now experienced as forms of God, with God being perceived as the ground from which everything emerges. With this perception the self begins to realize that it

is not separate from God. However, this is not unity consciousness because a self-identity, however weak, is still maintained. In the low-causal realm the self realizes it is one with God whereas in the high-causal realms the self is one with God (Wilber, 1980).

High-causal realm.

At this point, we must rely on Wilber's words:

> Beyond the low-causal, into the high-causal, all manifest forms are so radically transcended that they no longer need even appear or arise in Consciousness. This is total and utter transcendence and release into Formless Consciousness, Boundless Radiance. There is here no self, no God, no final-God, no subjects, and no thingness, apart from or other than Consciousness as Such (1980, p. 72).

Ultimate Realm

When it is realized that the Formless experienced above is also the Form (i.e., the world), ultimate enlightenment or unity consciousness has been reached. Rather than being a separate level, it is really the base of all levels. Rather than transcending the world, the enlightened one is the world, engaging in day-to-day activities as everyone else does. "It is not itself a state apart from other states; it is not an altered state; it is not a special state - it is rather the

suchness of all states, the water that forms itself in each and every wave of experience, as all experience. It cannot be seen, because it is everything which is seen; it cannot be heard, because it is hearing itself; it cannot be remembered because it only is" (Wilber, 1980, p. 74).

Summary

Wilber's (1980) model of development integrates the approaches of Western psychology and Eastern esoteric religion. By doing so, it also develops a theme which unifies many previously competing, or at least unconnected, Western approaches. Thus, within limits, Freud's (1971) insights have been meaningfully tied to those of Piaget (1977), Maslow (1954), and Erikson (1963), to name a few. Some of the tenets of these authors' theories had to be discarded, but on first glance it does not appear that Wilber has distorted those aspects which have been maintained.

Development includes the emergence of structures of consciousness and the self's identification with these structures. Each structure of consciousness is more expansive than the previous and thus the self becomes "larger" or more encompassing through progressive identification. The self, in a quest for Atman, identifies with each of these structures in the hope that therein will lie Atman. This process of

identification (translation) is doomed to failure at each level, and each failure results in transformation to the next structure. This process continues until all structures are dis-identified and Atman alone is found.

Development begins at the pleromatic level where the self is not differentiated from the world. This process of differentiation of self and other begins at the uroboric level and continues through the typhonic level. The acquisition of language at the verbal-membership level solidifies the sense of a separate self. Conceptual abilities increase in the mental-egoic realms and the self begins to identify solely with the mind. Oedipal/Electra dynamics also occur at this level, resulting in superego formation. The mental-egoic realms incorporate sub-levels (early-, middle- and late-ego) distinguished largely by conceptual abilities. Formal operational thought is the culmination of egoic conceptual development.

The self moves from exclusive identification with the mind to the identification with both body and mind at the centauric level. The self/not-self boundary is drawn between the physical body and the world rather than between the mind and body. This opens the possibility for confronting the existential problem of being versus non-being. Meaning in life is adopted and sustained until the subtle realms, where consciousness

expands to include part of the world (e.g., the archetypes of the collective unconscious) as well as the body and mind. In the subtle realms the individual begins to experience the unity of the universe. This experience of unity is developed and enhanced in the causal realms. The mystical experiences of the causal realms involve identification with God or the universe. In the final ultimate realm, the sense of self is completely dis-identified: this is enlightenment or "unity consciousness." Like the pleromatic infant, the enlightened individual experiences an non-dual existence. However, unlike the infant the enlightened one has access to all other levels of development.

The above summarizes Wilber's (1977, 1980) view of complete and healthy development. Through the processes of translation and transformation the self successively identifies with and dis-identifies from the emerging structures of consciousness. Development begins without a self and culminates in detachment from the self. The self is vital to all that occurs between, however, and this is where our interest lies. In the next chapter we will clarify the meaning of the concept of "health" and demonstrate the utility of Wilber's model in applying this conception.

CHAPTER IV

AN APPROACH TO PSYCHOLOGICAL HEALTH

Conceptions of psychological health are dependent on proposals of human functioning, therefore, improving our models of human functioning results in improved definitions of psychological health. In this chapter, we present a concept of psychological health based on King's (1945) criterion of functioning according to design. By "design" we mean the potentials and capabilities of the individual rather than of the species: that is, psychological health is measured by the discrepancy between the individual's performance and the individual's potentials, not the species' potentials. Psychological health is conceived as a process of moving toward the "design of the species." That ~~is~~, movement toward rather than attainment of developmental outcomes is stressed as the most significant criterion of health. We suggest that Wilber's (1977, 1980, 1983) idea of human "design" facilitates clarity in conceiving psychological health (For the remainder of the discussion "health" will refer to "psychological health" unless otherwise specified). Healthy development within Wilber's theory is seen as the alternating of the processes of translation and transformation. We demonstrate that these processes must be balanced because separately, either can become pathological.

Function in Accordance with Design

The medical model conceives physical normality or health as an organ or organism's ability to perform in the manner in which it was designed (King, 1945). In this section we contend that this criterion provides an adequate means of evaluating psychological health. This contention is based on several reasons which are expanded upon below: if the psyche does not have a design, it is futile to use the terms "healthy" or "sick" when referring to its processes; there is evidence that the psyche does have a design, and; the use of this criterion seems superior to the other criterion, value judgments by theorists or social groups. These arguments are largely based on Boorse' (1975, 1976) views on mental health and on his clarifications of distinctions between "healthy" and "desirable," "disease" and "illness," and "health" as a theoretical term.

"Health" and "disease" are meaningful terms only in reference to patterned or predictable processes. These terms, as well as "predictability" and "control," are meaningless with respect to random systems. If theorists such as Skinner (1953) prove to be correct in their assumption that human nature is non-existent, "psychological health" and related terms should be deleted from psychology's vocabulary. Behaviour in this

case is either useful or useless, according to the purposes of the individual or the society in which the individual behaves. However, this view requires holding the position that behaviour is the result of strictly physical processes interacting with environmental contigencies and that the psyche, if it exists, has no control over behaviour. Holding the view that the psyche controls behaviour but has no design makes predictability and psychological science impossible. Here Skinner is consistent, but theorists such as Bandura (1971) and Szasz (1984) are not. Both Bandura and Szasz maintain that humans have psyches which, at least partially, control behaviour. Both also contend that mental processes do not operate in an entirely arbitrary fashion: for example, both write articles, a task which presupposes readers' abilities to understand written communication. These theorists contradict themselves by also contending that the psyche cannot be unhealthy or damaged. Even if the psyche's abilities are strictly the outcome of learning, as Bandura would maintain, this position remains contradictory: the psyche's very capability <u>to learn</u> is a function with a predictable nature. If the psyche directs behaviour but operates arbitrarily, the science of psychology, not to mention human communication, is an impossibility.

The above argument need not imply that human thought and behaviour are determined. We have seen that it is possible to have freedom within the boundaries of a design. However, complete freedom implies complete arbitrariness and relativity. Regardless of how loosely structured, there must exist a psychological design if we are to assume both that the psyche influences behaviour (Boorse, 1976), and that there is predictability in behaviour.

Boorse (1976) demonstrates that the psyche can be a purely physiological product (materialism) to support the concepts of design and function. We contend that the psyche is not material but has a design. We concur with Wilber (1983) that the mind is not equivalent to the brain. The mind works with the knowledge gained through sensory experience and brain processes, but also can perceive abstractions not available to sensory experience. Mental processes cannot be derived only from sensory processes. Wilber argues that sensory knowledge has no meaning or value, and no amount of extension gives it meaning or value. The firing of any one neuron is no better or worse than the firing of a different neuron. This firing has no meaning or intentionality in and of itself. Thought, however, has meaning and value.

As we demonstrated in Chapter II, the mind does not need to be physical in order to have a design. Consider the function of a computer: Programmes can malfunction either because the physical computer (hardware) is damaged or because the input (software) is faulty. Software problems cannot be diagnosed by examining the structure of the computer, but software requires a specific design in order to function.

We feel it is important to distinguish between theory and practice in our examination of health because the goals of each are different. Therapists often justify the direction of their work by referring to its goals as "healthy" (a theoretical term) rather than as merely "desirable" (a pragmatic term). We agree with Boorse (1976) that healthy performance is <u>not necessarily desirable</u> for either the individual or society. Maintaining that the psyche has a design and agreeing that functioning in accordance with this design is healthy does not require agreeing that health is desirable. Boorse's discussion rests on the distinction between theory and practice as reflected in the concepts of <u>disease</u> and <u>illness</u>. "Disease" is a theoretical term measurable via empirical criteria.

> An organism is <u>healthy</u> at any moment in proportion as it is not diseased; and a disease is a type of internal state of the organism which:

> (i) interferes with the performance of some natural function--i.e., some species-typical contribution to survival and reproduction--characteristic of the organism's age; and
>
> (ii) is not simply in the nature of the species, i.e. is either atypical of the species or, if typical, mainly due to environmental causes (pp. 62-63).

Illness is a pragmatic and evaluative term which may, but need not, be used in correspondence with disease.

> A disease is an <u>illness</u> only if it is serious enough to be incapacitating, and therefore is
>
> (i) undesirable for its bearer;
>
> (ii) a title to special treatment; and
>
> (iii) a valid excuse for normally criticizable behaviour (p. 63).

Boorse uses the example of tooth decay as a disease which rarely accrues the diagnosis of illness. He also notes that flat feet is a disease often valued by conscripted individuals. Sterility is another condition which may or may not be welcome. The important consideration here is that the diagnosis of disease is a value-free activity whereas the diagnosis of illness is value-laden. Health is not necessarily desirable for society or the individual and, conversely, what is desirable need not be healthy.

We are not advocating the omission of values from psychological enquiry. Values are human phenomena which must be incorporated into psychological theory. Our contention is that the study of values is better served and more clearly conceived when it is differentiated from the study of human functioning. Only after this differentiation occurs can a comprehensive integration occur. Attempting to address both issues from the outset will likely result in a confused blending of two distinct concerns.

The concern here is with psychological health as a theoretical concept. The investigation of health as a theoretical term, the adequacy of which will eventually stand or fall on the basis of empirical and experiential evidence, may help us avoid some of the pitfalls experienced by previous researchers. Boorse (1976) characterizes previous approaches to health differently than our literature review, and these are: merely affirming values, abstracting health from obvious diseases and, determining health through social norms. Boorse claims that both Maslow (1954) and Rogers (1959) selected valued personality traits and deemed them "healthy" (Ryckman, 1978). While the accuracy of their positions have yet to be determined, both theorists are open to criticism of personal bias. Freud (1938) is an example of a theoretician who arrived at the concept of

health through the analysis of illness. This method is tenuous because "from a class of cases all defective in some quality, one cannot tell how much of the quality would be required in a healthy specimen" (Boorse, 1976, p. 71). Allowing the social group to define health (as Bandura (1971) and Skinner (1974) recommend) is inadequate because one social group may define health differently than another. Social groups range from the immediate family to the entire society of a country and each may have a different notion of what is desirable behaviour (Boorse, 1976).

The difficulties listed above indicate that a proper enquiry of health must be specifically directed toward health (rather than through the indirect approach of abstracting from pathology) and it must be as value-free as possible. Desirability of behaviour is an important consideration for practitioners but does not contribute to the theoretical understanding of health. Further, "ideal" functioning should not be considered synonomous with healthy functioning (Boorse, 1976). We used the example of an athlete's heart compared with a "normal" heart in Chapter II. Both can be considered healthy even though one is more efficient. We agree with Maslow (1971) that studying the "best" or most "ideal" specimens may aid the understanding of the function of the group from which the specimens were

chosen. However, it can also be argued that it is not only the "best" specimens which are healthy. Our view is contrary to Wilber's (1980) on this point. Wilber implies (but does not state directly) that healthy individuals are highly developed individuals: that is, Wilber adopts Maslow's view.

Maslow's (1971) reasons for studying the "superior specimen" are worthy of detailed inspection. We feel he was fusing two distinct concerns, developmental outcome and developmental process, which must be kept separate for a clear consideration of health. Maslow believed that healthy functioning was equivalent to the greatest possible utilization of the potentials of the species. He proposed that ascertaining these potentials required examining those individuals who used them to the utmost. In his words,

> If we want to know how fast a human being can run, then it is no use to average out the speed of a "good sample" of the population; it is far better to collect Olympic gold medal winners and see how well they can do. If we want to know the possibilities for spiritual growth, value growth, or moral development in human beings, then I maintain that we can learn most by studying our most moral, ethical, or saintly people (p. 7).

We agree that determining the upper limits of development demands the investigation of those individuals near the upper limits. For example, one does not study kittens in order to arrive at the characteristics of adult cats. "Cat" is the final outcome of development for the kitten and it is in the "design" of the kitten to become a cat. However, the latter supposition does not lead us to view the kitten as an unhealthy cat. A kitten's health is judged relative to kittens rather than cats. If unusual developmental delay occurs and a kitten remains a kitten too long, it may be deemed unhealthy. The point is that developmental <u>outcome</u> is not the sole determinant of health: the <u>process</u> of development is an equally important consideration. What makes a kitten healthy is <u>movement toward</u> "catness" rather than the attainment of "catness." Attainment (or outcome) is a consideration only when the kitten's arrival at "catness" is delayed. In his later writings, Maslow (1971) began to acknowledge this differentiation between process and outcome, referring to the upper limits of development as "full humanness" rather than as health. However, he continued to equate "human diminuition" with pathology, indicating that the differentiation was not complete.

We contend that <u>every psychopathology is an instance of human diminuition, but we do not agree that</u>

every instance of human diminuition is pathological. The former part of this statement is based on the criteria of functioning according to design. The latter part of this statement arises from distinctions between the potential of the species and the potential of an individual, and from distinctions between process and outcome.

We have established that processes must be distinguished from outcomes. Now we will argue that the development of an individual can be a life-long process which rarely culminates in the outcome of "full humanness" regardless of environmental circumstance. This makes the examination of absolute outcomes almost unneeded in reference to health and places most of the emphasis on the nature of the developmental process. We base this claim on the assumption that human evolution is continuing in a more varied fashion than is the evolution of lower organisms: that is, that some individuals are more evolved than others. Thus, what humans are capable of becoming as a species is already evident in certain individuals whereas what any individual is capable of becoming may not reflect the potential of the species. If we compare human development with climbing a ladder, the top rung represents the full utilization of the design of the species (i.e., "full humanness"). However, not every

individual may have the capabilities required to reach the upper rungs: that is, not all individuals may be equally evolved. This assumption is supported by the diversity of personality development in human societies. There are very few self-actualizers in North America, for example (Frick, 1971), although the environmental conditions which permit it seem to be present. Also, if we accept Wilber's (1977, 1980) model we should also expect to see more sages than we do.

As an example of the difference between species-potential and individual-potential, assume that Maslow's (1971) peak-experiences are genuine phenonema. It is possible that these experiences, although requiring environmental conditions, result from genetic capabilities. These abilities may indicate either a mere genetic aberration, or they may point to the direction in which human abilities are evolving. If the proportion of individuals experiencing "peaks" consistently increases, this could be taken as evidence that the species is evolving these abilities. We could then say that peak-experiences are a part of "full humanness:" characteristics which the species is capable of attaining. However, we would not add to this that an individual lacking in peak-experience abilities is less than human.

Peak-experiences help illustrate a further point: the abilities acquired in the process of human evolution may be qualitatively different from the abilities possessed by the average human today. Experiencing the world through peak-experiences is qualitatively different (as far as we know) from the "normal" ways in which humans experience their world. Thus, cultivating abilities for "peaking" is not a matter of merely improving existing abilities. Developing these abilities requires either genetic mutation or the development of "hidden" structures of the psyche. We agree with Wilber (1981) that the latter is a more appropriate working hypothesis in the examination of evolutionary changes. This may be illustrated by considering the evolution of "formal operational thought." It is improbable that humans have always possessed this capability and it is reasonable to suppose that at some point in time societies existed where "concrete operational thought" was the highest mode of thinking. However, this does not necessarily mean that formal operational thought was not a human capability at that time. The mental structures required for formal operations may have been present, but the environmental circumstances required to cultivate these abilities may have been absent. The evolution of formal operational thought may have begun with several

individuals finding a way of allowing it to emerge. These individuals would then be considered more "fully human," but there is no reason to also deem the concrete thinkers as "unhealthy." With the presence of several "formal" thinkers as guides, more individuals would begin to develop their abilities for this kind of thought.

It is important to note that we, with Wilber (1980) and Maslow (1970), view these evolving structures as already present in humans. However, we do not agree with Maslow that every individual is capable of allowing these structures to emerge. These two assumptions merit careful analysis regarding health because, as the reader may have noticed, we have been holding apparently contradictory positions throughout the above argument. Assuming that psychological structures are "built-in" to every human is equivalent to assuming that these structures represent human psychological design. Thus, if we are consistent with our premise that health is the ability to function according to design, an individual not utilizing all these structures must be considered unhealthy (i.e., Maslow's view). However, we have established that the latter contention is untenable. This apparent contradiction is resolved through the differentiation between process and outcome.

Human development can be a life-long process. That is, the development of any individual does not necessarily have an upper limit. This concept is a direct outcome of the assumption that human evolution is on-going and involves the emergence of qualitatively different structures. This premise allows for the resolution of the contradiction noted above. To use a morbid analogy, the acceptance of this premise permits us to view human development in the same way we would perceive child development if most children died before adulthood. Just like children suffering a premature death, most adults suffer a premature death with respect to their developmental potentials. We can say that every individual "contains" all the structures necessary for development and that these structures represent human psychological design. However, we also contend that not every individual has the "time" to allow these structures to emerge. Thus, it is more appropriate to refer to those individuals who display "higher" psychological structures as more developed or more fully human rather than as healthier.

We also believe that there are individuals whose development does have an upper limit (even with all the necessary environmental requirements) which may be lower than the capabilities of the species. We also find it more useful to refer to these individuals as less

developed, or less capable of development, rather than as unhealthy. For example, mentally handicapped individuals apparently have developmental "ceilings" but their health can still be evaluated relative to their individual potentials.

Viewing human development as an on-going process changes the focus of evaluation regarding health. Rather than looking at the individual's final outcome, the process of development, or developing in accordance with design, becomes our referent for health. In this view, developmental outcome becomes a consideration for health only if it is significantly delayed or if the individual has reached the limits of his or her potential. The temporal requirements of development require normative data on the approximate ages at which developmental stages emerge. We do not propose to ascertain these temporal requirements here, except loosely. We consider it to be more important that health be evaluated through the comparison of the individual's development position relative to his or her capabilities for development. Individual design is a subset of species design and serves as a more useful referent for comparing individual functioning. Our intention is to use Wilber's (1977, 1980) model of development to elucidate the implications of this view of health.

Health within Wilber's Model of Development

Wilber's (1977, 1980) model of development is useful for two reasons. Firstly, the model describes the upper limits of development and all the steps toward it, thus providing the developmental goals with which to compare the developmental process. Secondly, the model contains a general process of development which is reiterated at every level even though the contents of the process are different. Thus, health can be studied in general terms applicable to every level as well as in terms specific to any one level. One of the interesting implications of viewing health within Wilber's framework is that healthy behaviour changes with changes in different developmental levels. Wilber's model involves developmental stages which are qualitatively different with respect to cognition, motivation, self-perception and other factors. Thus, a behaviour which is healthy at one level may be unhealthy at another level. Further, the same behaviour may again become healthy at yet another level.

The process of development involves both movement <u>within</u> levels, which is known as translation, and movement <u>between</u> levels, which is known as transformation (Wilber, 1980). Both actions are significant to our examination of health. With the emergence of a new structure, the self identifies with

that structure, stabilizes at that level through the process of translation, differentiates itself from that structure, and then transcends its identification to continue the cycle again.

Wilber (1983) has recently expanded his explanation of the above process. This expansion revolves around the fact that "as various structures, processes, and functions emerge in the course of development, some of them remain in existence, some of them pass" (p. 267). Those structures which are permanent, Wilber terms basic structures and those which are replaced, he terms transition stages. Piaget's (1977) stages of cognitive development exemplify basic structures because each stage builds on, but does not replace, the previous stage. Kohlberg's (1964) stages of moral development illustrate transition stages because each new stage replaces the previous stage.

The basic structures of consciousness (essentially cognitive structures) correspond to the levels of development described in Chapter III and are illustrated in Figure 1 below. Table 1 gives brief descriptions of each structure, but the reader can infer the functions of each from the levels of development.

Observe that in the "branching-tree schema" in Fig. 1 the structures have definite starting points but no end points. The self may transcend its identification

Figure 1.

The Hierarchy of Basic Structures of Consciousness

(adapted from Wilber, 1983, p. 271)

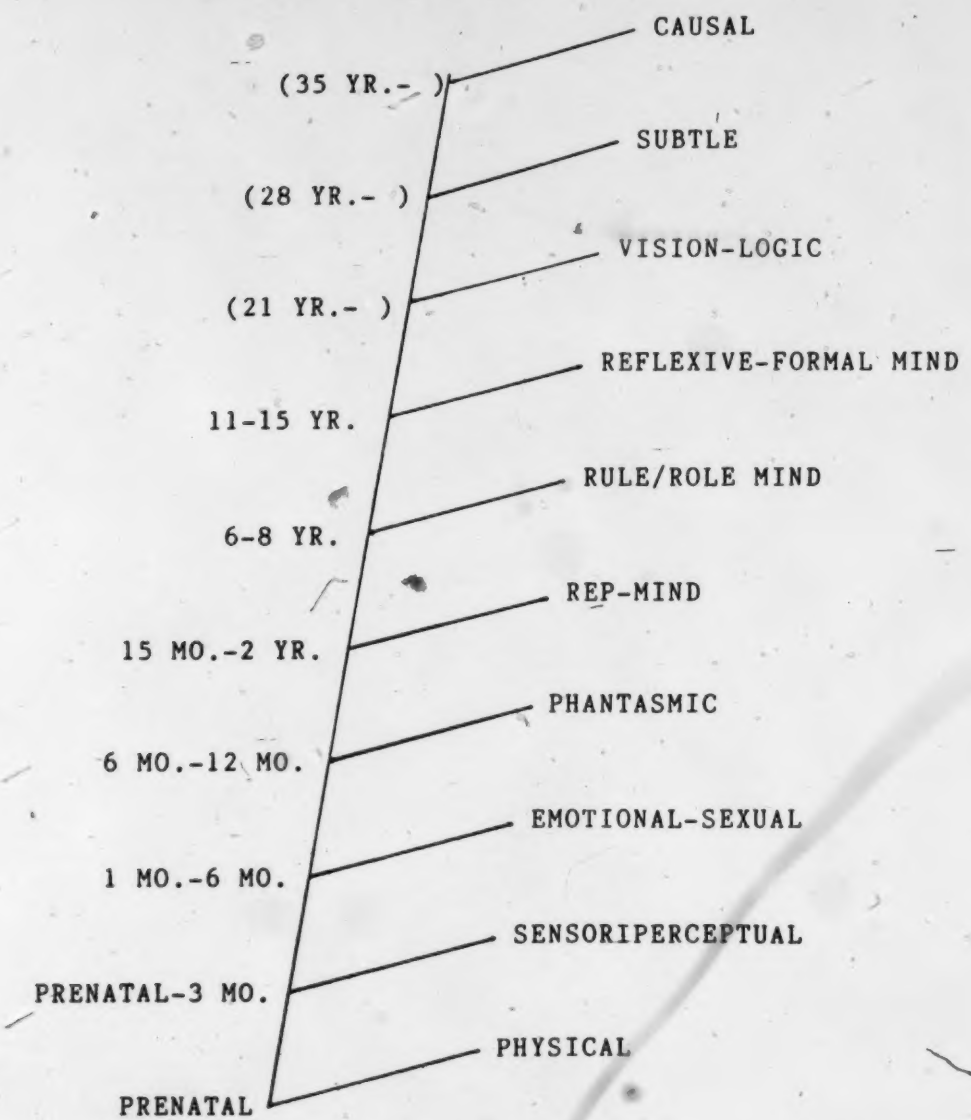


Table 1

Descriptions of the Basic Structures of Consciousness

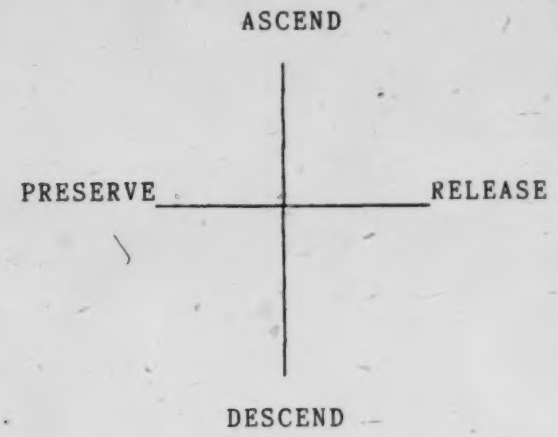
(adapted from Wilber, 1983).

Structure	Description
Physical	Physical basis of the organism
Sensoriperceptual	Sensorimotor cognition
Emotional-sexual	Libido, bioenergy, elan vital
Phantasmic	Simplest form of mental imagery
Rep-mind	Short for "representational mind", Piaget's preoperational thinking
Rule/role mind	Concrete operational thinking
Formal-reflexive mind	Formal operational thinking
Vision-logic	Integrative structure in which networks of relationships can be conceived
Subtle	Region of archetypal patterns
Causal	Transcendental ground of the other structures
Ultimate	Not included in Figure 1 because it is not a structure, but the ground from which all the structures arise

with a basic structure but the structure remains. Also, the skills of the structure can continue to improve. Thus, development can occur on more than one level simultaneously (Wilber, 1983). For example, transcending the "formal-reflexive" structure does not require the perfection of formal operational thought and neither does it call an end to the improvement of formal operational thought.

As was described when reviewing the levels of development, the "self-system emerges and takes as its successive substrates the basic structures of consciousness. In a sense, the basic structures form rungs in a ladder upon which the self-system then climbs" (Wilber, 1983, p. 277). The self, although ultimately illusory in Wilber's model, is essential to development. The self is the "locus of identification" (p. 279) and it meaningfully organizes psychological events. Further, the self "might be thought of as the navigator of development" (p. 279). On any given level, the self must choose whether to strengthen or weaken its identification with a structure. That is, translation can either preserve or release the self's identification with a structure. Between levels, the self must choose whether to ascend or descend to a different structure. In other words, transformation can involve ascent or descent in the hierarchy. The directional choices of

the self are represented diagramatically below (adapted from Wilber, 1983, p. 280).



With the emergence of a new structure, healthy performance is indicated by the self identifying with the structure and strengthening this identification. "This initial identification, consolidation, and preservation is normal, necessary, appropriate" (Wilber, 1983, p. 280). However, while the self is in this process of translation, transformation is impossible. The self is attempting to preserve and strengthen its identity and will not relinquish it for a new structure. Thus, although preservative translation is initially healthy, it can become unhealthy if engaged too long (e.g., fixation).

For the self to ascend the hierarchy, it must dis-identify with its present structure: that is, the process of translation must change from preservation to release (Wilber, 1983). However, this should not occur

prior to a firm identification with the present structure. Premature release can disassociate the structure from the self, resulting in repression. For stable ascendent transformation, the self requires strong identification with its present structure.

The self uses the basic structures to grow and these structures remain in existence after the self dis-identifies with them (Wilber, 1983). In other words, basic structures are devoid of self. However, transition stages are a direct outcome of the identification process. Thus, transition stages arise as a result of the self's identification with a basic structure and disappear when dis-identification occurs. "It is almost a process of simple mathematical mapping--for example, if the self is the seat of identification, what would the self look like if it identified with the emotional-sexual level? with the rule/role mind? with the formal mind?" (p. 282). The examination of what the self "looks like" as it identifies with various structures reveals familiar transition stages such as Kohlberg's (1964) stages of moral development, Loevinger's (1976) stages of ego development, and Maslow's (1954) need-hierarchy (except physiological needs, which are not transitional).

As an example, we will inspect the nature of the self as it identifies with the "rule/role mind" (Wilber,

1983). With the ability for concrete operational thinking, the self can begin to take the role of others and perform procedures according to rules. However, the self cannot yet operate on thought, an ability arising with formal operational thinking. The awareness of others' roles impels the self to focus on the opinions and positions of others. Being unable to think critically, the self has minimal abilities for judging the quality of roles assigned to it. Thus, the self tends to conform to assigned roles in its endeavor to strengthen its identification. "This, in my opinion, is Maslow's [1954] belongingness needs, Loevinger's [1976] conformist (and conscientious-conformist) stages, and Kohlberg's [1964] overall stage of conventional (conformist) morality" (p. 285).

There is not a strict one-to-one correspondence between basic structures and transition stages. The sequences of both stages and structures are invariant, but structures can emerge prior to the self's willingness to identify with them. Thus, transition stages can be one or two "rungs" behind (although never ahead of) cognitive structures (Wilber, 1983).

Although acknowledging its importance, Wilber (1983) does not explore the implications of this discrepancy between the self's transition stage and its potential level of basic structure. We regard this

"developmental lag" as significant with respect to health, but here our investigation can no longer rely on Wilber's thought. It appears that the basic structures of consciousness (or at least the first six) emerge automatically within certain age ranges. This suggests that their emergence is part of human psychological design. Thus, the self's retarded progress in identification can be taken as indicative of unhealthy functioning or pathology.

To avoid confusion, we re-emphasize that the evaluation of health must be individually oriented: that is, although the basic structures emerge at certain ages there is significant variability in these ages between individuals. In some cases certain basic structures will never emerge (in most cases it appears that the higher structures do not emerge). We remind the reader of the distinction made earlier between species-potential and individual-potential. Wilber's (1983) distinctions between basic structures and transition stages allow for further clarification of this differentiation. We do not consider the lack of basic structure emergence to be unhealthy. However, the basic structures which have emerged within any individual indicate the individual's developmental capabilities: that is, they indicate the psychological design of the individual. For example, the

reflexive-formal mind is unlikely to emerge in some mentally handicapped individuals. We do not consider this lack of emergence an indication of pathology (i.e., not every human diminuition is pathological). This merely indicates that their design does not reflect the potential of the species. We contend that health is primarily indicated by the discrepancy between one's actual developmental level and one's potential level. That is, the difference between one's transition stage and one's potential structure of consciousness provides the criteria for measuring health and pathology.

The concepts of basic structure and transition stage provide a means of determining the lag between "potential" and "actual" in an individual, and thus, provide a means of determining health. Other "growth" models (e.g., Maslow's (1970), Roger's (1980)) do not have this capability. They are able to compare an individual's level of growth with the species' potentials but not with the individual's potentials. For example, Maslow's theory can ascertain an individual's developmental position relative only to self-actualization. An individual incapable of self-actualization is labeled "unhealthy" even though the individual may be utilizing all of his/her potentials. We believe that these individuals are "being all they can be," and in this sense fulfill the

most significant criterion of Maslow's concept of actualization.

The Appearance of Health: An Example

One outcome of measuring health through individual norms is that healthy behaviour is different at different points in time. With this in mind, the many conflicting views of health are seen as complementary. Each major conception of health has arisen from an examination of only one developmental level. There are times when it is healthy for individuals to stabilize their identities with basic structures, giving the appearance that they are not "growing." Learning theory adopts the view that these individuals are healthy (e.g., Skinner, 1974). Other times, individuals may be dis-identifying with a structure and, although healthy, will appear to be unstable, uncertain or dis-oriented. This "disintegration" has previously been affirmed by Dabrowski (1964). Further, some individuals are stable, integrated with society and productive, yet are unhealthy because they are fixated at a level. These individuals are considered healthy within the psychoanalytic framework (Ryckman, 1978).

Analyzing the various healthy behaviours at every level is beyond the scope of this work. Our intent is to take the concept of meaning in life, and illustrate its relation to health within Wilber's framework. Our

demonstration will show that meaning in life takes different forms at different levels of development and that meaning is not always healthy.

Frankl (1963, 1966, 1970), whose theory is reviewed in Chapter II, is perhaps the most prominent author to investigate the psychological significance of meaning. To Frankl, meaning is the primary means of choosing being over non-being. Through work, love or suffering an individual can discover (not create) meaning which will affirm his/her existence and allow for self-transcendence. "Only to the extent to which man fulfills a meaning out there in the world, does he fulfill himself" (1966, p. 99). Meaning is the key to psychological health at any age or level of development. Frankl believes that even young children are drawn by the "will to meaning," even though the sources of meaning are different than in adulthood.

A sense of mission is one of the significant attributes of Wilber's (1980) concept of self at the centaur or existential level. Meaning is part of the translation process for the self and thus, is a requirement of health. Wilber views meaning as the necessary outcome of a shift in the nature of Eros. Thus, Wilber agrees with Maslow (1966) that meaning is motivated and opposes Frankl's (1966) contention that individuals are "pulled" by meanings.

Most personality theories (e.g., psychoanalysis, learning theory, humanistic/existential theories) agree that meaning, insofar as it is socially constructive, is healthy. Wilber's (1980) theory, however, is unique because it incorporates the potential for pathological aspects of meaning. We see this as a major theoretical step forward. Mere anecdotal evidence is enough to convince one that not all meanings are healthy. Youths surrendering their identities in the service of cults, Hitler working for the establishment of a superior race, and parents sacrificing themselves for their irresponsible offspring are all instances in which the health of personal meaning is brought into question.

Since meaning is a possession of the self (according to both Frankl (1970) and Wilber (1980)) it should not be expected to arise until the verbal-membership level, when the self is becoming well defined. At this level, meaning in its broad sense is manifested by the child's attempts to order the world through language. However, the verbal-membership child does not have the cognitive capacities to reflect on existence and its significance. Finding meaning is a conceptual process which requires a conceptual self. A self-concept arises in the mental-egoic levels and this may permit the self to begin to act in terms of meaning. However, meaning does not usually become a matter of

contention until the late ego period (ages 12-21) and the emergence of formal operational thought.

The nature of adolescent meaning has been explored by Mitchell (1975). According to Mitchell, increasing intellectual powers and changes in morality result in many adolescents feeling insignificant and thus temporarily adopting nihilism as a worldview. To Mitchell, this "transitory nihilism" is a common outcome of normal growth processes. Within Wilber's model, transitory nihilism could be seen as a catalyst for transformation from the middle to late ego. The emergence of formal operational thought occurs while the self is still identified with the "rule/role mind" of the middle ego. To release this identification, translation must fail or reach its limit. The ability to reflect on one's significance (arising with the ability to engage in formal operational thought) could result in translation failure: that is, transitory nihilism may be necessary for development. The self, realizing that its middle-ego identity is insignificant, would release its identification, transform upward, and identify with the "rep mind" of the late ego. With this identification nihilism could be overcome and be replaced by meaning. However, meaning will only be found if the translation process at this new level can overcome the self's feelings of insignificance. If it

cannot, "psychogenic nihilism," a pervasive and damaging extension of transitory nihilism, will ensue (Mitchell, 1975).

To avert the onset of psychogenic nihilism, the self must find ways to establish its significance (Mitchell, 1975). Meaning is not the only way significance can be established: being loved or esteemed may also encourage self-worth. This is an important consideration which we feel Frankl (1963, 1966, 1970) has ignored. Behaviour at this level may appear to be the result of meaning fulfillment when actually it is motivated by Maslow's (1954) deficit needs. Frankl's theory does not make this distinction. However, Wilber's (1977, 1980) theory differentiates these motives because it places the individual in a larger developmental context.

For Wilber (1980), true meaning is only a possibility for the centauric individual (where the self identifies with both body and mind). Meaning is an outer-directed activity which requires making part of the world one's own. The egoic self has not even made the body its own, thus attempts at incorporating the world are either premature or indicative of need requirements. Translation for the egoic self is oriented towards stabilizing identification with the ego. Thus, behaviours by the ego are inner-directed and

specifically involve Maslow's (1954) needs of love, belongingness and esteem. The stable centauric self is a "bodymind" and thus translation (except initially) does not entail re-owning parts of the psyche or body. Our youth entering the cult or monastery may be judged by the criteria of centauric characteristics in order to ascertain his motivation. Centauric characteristics are similar to the characteristics of self-actualization and these have been described in detail (Maslow 1970). If the youth does not have the characteristics of the centauric self, he is probably motivated by deficit needs. The youth's religious zeal is not necessarily unhealthy because the cult or monastery may provide satisfaction of his needs. However, religion may become unhealthy if it promotes a premature surrender of the ego to the service of God. Premature transformation is generally unstable and is subject to disintegration.

Meaning, which requires surrender of the ego and identification with the centaur, is unhealthy prior to a stabilization of the self's identification with the ego. However, behaviours which appear to be the result of meaning fulfillment are often motivated only by deficit needs. Distinguishing these motives is important because some "meanings" (e.g., religion) can inhibit need-satisfaction and promote fixation. Fixation can occur either by excessive or insufficient gratification

of needs. According to Maslow (1970), the fulfillment of needs without effort (i.e., excessive gratification) may result in the "pathology of affluence." For example, love is freely given to a new member of a Christian congregation. The need for love will persist if the received love is not perceived as earned or deserved by the new member. The member is restricted from going to outside sources for love because the Christian community encourages isolation from non-Christians. Thus, by providing excessive gratification and by inhibiting alternative sources of fulfillment, the religious community may prevent the new member from satisfying the need for love.

Insufficient gratification also prevents need-satisfaction. We feel that certain "meanings" may prevent need-satisfaction while simultaneously providing enough satisfaction to prevent an individual from seeking other sources. For example, one seeking esteem through political activity may find the need impossible to fulfill. Upward movement is almost always perceived as possible for an individual in politics; there is generally a more powerful and esteemed position than the individual presently holds. With the potential for a higher position on the horizon, the individual may not be satisfied with the esteem obtained in the present position. Thus, the individual's political activity

could continue indefinitely; however, politics would remain a perceived source of need-satisfaction rather than meaning.

Meaning in the centauric realms can also be unhealthy. Meaning is part of the self's translation process used to identify with the "bodymind." However, once this identification is stabilized and the transpersonal structures have emerged, the self must dis-identify with the centaur in order for transformation to occur. A mission in life may prevent this transformation, and insofar as it does, it is unhealthy. Wilber (1981) maintains that very few individuals go beyond the centaur level because society as a whole has not evolved to that degree. However, it is possible that upward transformation rarely occurs because meaning is highly valued and difficult to relinquish. For example, Albert Einstein, who was one of Maslow's (1970) examples of a self-actualizer, was rewarded in many ways for his selfless sacrifice for the cause of physics. The meaning Einstein found in physics was further accentuated in his later years when his views were in opposition to those of his peers (Clarke, 1971). Einstein may have been personally rewarded so highly by his chosen meaning that he could not surrender his identification with it. Thus, he may have been

prevented from upward development through his pursuit of truth.

This is an important consideration for existential therapists. By encouraging meaning fulfillment they may be hampering development. To avoid this possibility, they must look for indications of the emergence of transpersonal structures and, if the person has stabilized at the centaur level, assist the person in transformation.

Summary

Healthy human development entails movement toward the design of the species. However, not every individual has the developmental potential required to attain the full capabilites of the species. In other words, some individuals reflect the potential evolution of the species less than others. Rather than measuring health by the difference between the individual's development and the capabilities of the species (i.e., Maslow's (1970) approach), health is indicated by the discrepancy between the individual's attained developmental level and the level which he or she could potentially rise to.

Wilber's (1977, 1980, 1983) model of development describes: the design of the species in its most evolved form, the design of the individual, and a means by which the actual developmental level of the individual can be

determined. According to Wilber, development consists of the emergence of innate basic structures of consciousness and the self's subsequent identification with these structures. The self's identification with each basic structure gives rise to transition stages; stages of development which remain only as long as the identification continues. Unlike transition stages, basic structures are permanent. The highest basic structure which has emerged in an individual indicates the individual's developmental potential at any point in time. The individual's transition stage indicates the individual's actual developmental level. Healthy development is indicated by a correspondence between transition stage and basic structure. Unhealthy functioning is said to occur when the individual's transition stage lags behind the emergent basic structures. Thus, Wilber's model provides a means of determining both the actual and potential developmental level of the individual.

Wilber's (1977, 1980, 1983) model also specifies the process of development between and within transition stages. Movement between stages is termed transformation; movement within stages is termed translation. Healthy development entails a constant cycle of translation and ascendant transformation. When stable identification has occurred at any level of

development, transformation to the next level is necessary for development to continue. However, once the self has transformed to a higher level, translation must again be occur in order to stabilize identification at the new level. Since each stage of development is different, healthy behaviour changes with development.

The phenomenon of meaning in life was used to demonstrate how a behaviour which is healthy at one developmental level may be unhealthy at another level. Meaning is a healthy characteristic of the centauric self. However, meaning can be unhealthy for the egoic self because meaning is an outer-directed activity which does not aid in stabilizing identification with the ego. Meaning at the egoic level may encourage premature, and thus, unstable, translation to the centauric level.

Meaning can also become unhealthy at the centauric level. Meaning is a necessary translation process for the centauric self, but attaching too much importance to meaning may result in the self being unable to dis-identify with the centauric structures. Transformation may not occur and thus, development may be ground to a halt.

CHAPTER V

INTEGRATION

Since its inception psychology has grappled with the concept of psychological health. Each major theory of personality and each approach to therapy has explicated its own meaning of the concept. This process of reinterpreting and refining the meaning of "psychological health" is appropriate because the concept arises from, and is dependent upon, a view of human nature. Continuing progress in psychological theory construction will result in further changes to the meaning of "psychological health."

Historical Conceptions of Health

Thus far, medicine, psychoanalysis, learning theory and humanistic/existential theory have developed the most prominent proposals regarding the nature of psychological health. Each has developed a concept of health in accord with its own theoretical framework, but insofar as each of these frameworks are limited, so also are their evaluations of health. Psychiatric medicine has adopted biology's concepts of functioning according to design (King, 1945), adaptibility, and homeostasis (Cannon, 1939) as the most significant criteria for psychological health (Mowrer, 1965). These criteria have been especially useful in assessing the health of

lower organisms. However, the existence of qualitative dissimilarities between humans and lower organism places these standards into question when they are applied to human health (Tageson, 1982). Human design may be different than the design of other animals.

"Functioning in accordance with design" (King, 1945) is a general standard which can be used with any viewpoint of human design. However, its use presupposes that the human psyche has a design and that the nature of the design is known (Boorse, 1976). Medicine employs a materialistic conception of human design (i.e., it sees human functioning as solely the result of physical processes), leaving it open to criticisms levied by those who view humans to be more than neurophysiological bodies (Tageson, 1982).

The concepts of adaptibility and homeostasis do not appear to do justice to human traits such as creativity, altruism and non-conformism (Maslow, 1954). Several psychologists (e.g., Maslow, 1954; Rogers, 1959) have argued that the resistance to adaptation or conformity is often healthy and is one of the distinguishing characteristics of humans. Some theorists (e.g., Frankl, 1970) also maintain that it is healthy for humans to seek tension (within acceptable limits) rather than to reduce tension. In general, medicine's understanding of human functioning seems unfairly

simplistic in its assessment of human complexity and therefore medicine's conception of health appears to be limited at best.

The psychoanalytic view of human nature and health incorporates the complexities of human behaviour more so than does the medical view. Freud was a medical doctor devoted to the scientific view of humanity, hence the psychoanalytic approach to health is similar to the medical approach (Pervin, 1980). However, there are differences which lie in Freud's vision of human design. Although agreeing that human behaviour is physically based and causally determined, Freud (1938) saw that physical processes were largely influenced by human interaction. By introducing the concept of a psyche which is partially molded and fragmented by the human environment, psychoanalysis was able to explain the "depths" of human behaviour in greater detail and with a more comprehensive outlook than was previously possible. Freud utilized the medical model's three criteria of health, but these criteria took on new forms in his system due to his particular view of human and societal design. In Freud's view, humans could not function according to design and maintain a societal structure. To Freud, human nature was "selfish" and in direct conflict with societal needs. Therefore, healthy behaviour was conceived as a compromise between

individual needs and societal needs. The suppression of instinctual impulses into forms that gratified both the individual and society were considered healthy.

The psychoanalytic conception of health adequately conforms to psychoanalytic personality theory: that is, if psychoanalysis has conceived human design correctly its view of health is also correct. However, the psychoanalytic assumption of human behaviour as instinctually based has been criticized as being overly reductionistic (Rychlak, 1981). Several theorists have argued that humans are motivated by more than sexual and aggressive impulses and some viewed these impulses as relatively minor contributors to human action (e.g., Rogers, 1959; May, 1958b). Psychoanalytic theory fell prey to philosophical criticisms of its materialistic stance; criticisms similar to those directed toward medicine (May, 1958b).

Psychoanalytic theory was criticized by behavioural psychologists as being too interpretive, too subjective and unacceptably vague (Rychlak, 1981). Seeking to avoid the theoretical problems of postulating human drives, human nature, and internal processes of the psyche, behaviourism studied only observable behaviour in relation to environmental stimuli (Skinner, 1953). In its attempt to avoid inferential concepts, behaviourism omitted the concepts of "health" and

"illness" from its repertoire. These concepts are "meaningless" to a psychology which understands human behaviour as determined by external contingencies. To behaviourism, behaviour was either useful or not useful according to the individual or society, and was the result of learning in either case. Human design was not a consideration in this theory (Skinner, 1953).

Behaviourism minimized needs and qualities (particularly the ability for thought) which distinguish humans from other animals (Skinner, 1953). For example, emotion and cognition were not investigated because they were not observable. Social learning theory attempted to overcome the limitations of behaviourism's rigid operationalism by introducing thought as an influencing variable (Bandura, 1971). However, social learning theory concurred with behaviourism that behaviour is ultimately under environmental control. Thus, the concepts of "health" and "illness" were still seen as unnecessary. "Human nature" was also an unwanted concept and therefore the criteria of "functioning in accordance with design" became irrelevant. Social learning theory accounted for human complexity more adequately than behaviourism. However, its retention of behaviourism's basic assumptions made many of the criticisms levied toward behaviourism applicable to itself (Maddi, 1980). Behaviourism and social learning

theory were not sufficiently complex to account for human behaviour.

Humanistic and existential psychology arose partially as a reaction to the perceived inadequacies in psychoanalytic and behavioural thought (Tageson, 1982). Although acknowledging the insights of these approaches, humanistic/existential theorists contended that the "higher" and more human aspects of human behaviour remained poorly explained by these schools of thought. They argued that humans are qualitatively different from other animals and they maintained that psychology must not only illuminate this difference, but also must continously emphasize it.

The humanistic theorists (e.g., Maslow, 1954; Rogers, 1959) conceived humans to be motivated by an "actualization drive." Although a portion of this drive involved impulses common to lower organisms (e.g., life-maintaining motives), the actualization drive consisted predominantly of distinctly human concerns. These human concerns (e.g., love and creativity) were seen as biologically based capacities of an intrinsically "good" organism. Human development consisted of the progressive emergence of these capacities within a non-interfering, but supportive, environment. "Health" was conceived as the full utilization of these capacities: that is,

"self-actualization" (Maslow, 1954) or "full functioning" (Rogers, 1959). Humanistic theorists utilized the standard of "functioning according to design" to assess health but conceived human design differently than previous psychologists. Human design was viewed as social, spontaneous, creative, and compassionate. The environment could, at best, allow these qualities to come out. Any environmental attempts to create these attributes would be damaging.

The adequacy of humanistic theory depended on the accuracy of its formulation of human nature. Existential psychology emphasized inherent qualities less than humanistic psychology, stressing that human conduct is often the result of choice (May, 1958b; Frankl, 1970). Assuming that humans have both "good" and "evil" tendencies, existential theory contended that healthy human development was a process of courageously facing the challenges of existence. Humans could not rely on their biological constitution to successfully encounter life's difficulties. Being human required commitment, responsibility and making difficult decisions. Non-thinking conformity was conceived as not-being human because it involved the surrender of freedom. Freedom differentiated humans from other animals and its maintenance was vital to being. The human capability to question existence must be utilized

by finding meaning in life. Within the existential framework humans were required to function by choice rather than by design.

Existential psychology incorporated humanity's negative aspects more adequately than humanistic psychology (Tageson, 1982). However, in attempting to deal with the full complexity of human behaviour, existential psychology often adopted poorly connected and vague concepts (e.g., Being). Existential theory has been difficult to test due to this lack of parsimony (Ryckman, 1978).

Each of the above approaches to personality and health can be criticized on grounds other than those mentioned here (Ryckman, 1978). However, each approach has also contributed valuable insights into human functioning. These insights cannot be merely amalgamated into a general theory of psychology because they often appear to contradict each other (Maddi, 1980). Psychology requires a theoretical system based on new premises in order to give coherent meaning to the genuine findings of the various schools.

The Spectrum of Consciousness

The provision of a cohesive system of human functioning has been attempted by transpersonal psychology, the most recent discipline of psychology. One of the most prominent transpersonal spokespersons,

K. Wilber (1977, 1980, 1981, 1983), has advanced a theory of human development based on completely different assumptions than the medical, psychoanalytic, learning and humanistic/existential theories reviewed above. Wilber's theory holds promise because it demonstrates the complementary nature of the findings of the major schools of psychology. Wilber holds that consciousness is comprised of a multi-levelled spectrum. In his view, the major schools of psychology have generally narrowed their attention to one or two levels and thus have derived different explanations of human functioning. Wilber contends that the envisionment of the entire spectrum of consciousness creates a perspective which coheres previous models.

Wilber's (1977, 1980) assumptions, taken from traditional Eastern systems, are that: (a) personality development is exemplified in its highest form by sages, (b) Reality is undivided and any perceived divisions are illusory, (c) illusory divisions of Reality occur for no reason, and (d) the developmental structures of consciousness exist as potentialities at birth. The central assumption is that Reality is undivided: human development consists primarily of the progressive realization of this unity. Movement along the spectrum of consciousness requires that various dualisms be cast away, resulting in a continual expansion of the

self/not-self boundary. At the highest level, the Level of Mind, even the opposition of self/not-self is abandoned.

The conception of a continually expanding self permits the integration of previous models of psychology (Wilber, 1980). The developmental process consists of the self identifying with emerging basic structures of consciousness (Wilber, 1983). The basic structures of consciousness are increasingly encompassing cognitive stages. Similar to Piaget's (1977) stages of cognition, the basic structures emerge hierarchically and remain in existence. As the self identifies with each basic structure it adopts characteristics specific to the available modes of thinking. Characteristics which are displayed only during identification with each basic structure constitute transition stages. Kohlberg's (1964) stages of moral development exemplify transition stages: each moral stage replaces rather than encompasses the previous stage. The process of identification with basic structures results in developmental levels of the self (Wilber, 1977). The developmental levels, which include both basic structures and transition stages, are: (1) pleromatic, (2) uroboric, (3) typhonic, (4) verbal-membership, (5) mental-egoic, (6) centauric, (7) subtle, (8) causal, and (9) Ultimate.

Although the infant begins life without a concept of self, interactions with its physical and social environment soon result in a self-sense (Wilber, 1977). Memories of pre-linguistic childhood are rare and generally obscure; consequently little is known about the experiential nature of the early levels of self. Wilber's descriptions of the first three levels of self (pleromatic, uroboric and typhonic levels) are therefore unavoidably vague and inferential. However, the language acquisition of the verbal-membership self allows for greater elucidation of the nature of the self. It is at this level that the mind/body differentiation begins: that is, the child begins to conceive his or her self to be located within the body. With the self located "in" the body a primary concern for the self becomes bodily control, particularly in the form of anal control.

As the child's language capabilities improve in the mental-egoic realms, the self becomes more conceptual and the experience of the self as the mind becomes stronger (Wilber, 1977). It is in the mental-egoic realms that Oedipal/Electra dynamics occur. The formation of the superego is stabilized, impulses of the id are largely suppressed and the self identifies with the ego in these realms. The psyche is fragmented in the manner in which psychoanalysis described, leaving

the self/not-self boundary "placed" around the ego. The aim of development from this point forward is for the self to re-incorporate what it has lost.

A great deal occurs in the mental-egoic realms in terms of abilities for thought (Wilber, 1977). Piaget's (1977) concrete-operational thought is stabilized and formal-operational thought is initiated. Modes of thinking are considerable factors in development, allowing the self novel and more expansive ways of dealing with the world. However, for the purposes of a general overview of Wilber's model the important consideration is that the self is a conceptual self when engaged in both concrete and formal thought.

The self's boundary expansion begins with the reintegration of both the id and superego (Wilber, 1980). Many psychotherapies, especially psychoanalysis, are directed toward this purpose. The expansion of the self/not-self boundary identifies the self with the entire psyche, but excludes the physical body from identification. In the centauric or existential realm, the body begins to be included as part of the self. Rather than being located in the body the self now is the body. Humanistic and existential therapies are designed to bring individuals to, and stabilize them at, this level. Mind and body are integrated into a "bodymind" and only the environment remains outside of

the self/not-self boundary. The main concern of the centauric individual is to find meaning in a finite existence.

For several reasons, many western psychologists generally view the centauric level as the pinnacle of development (Wilber, 1980). Firstly, very few individuals have developed beyond the centauric level, according to Wilber. Consequently, psychologists rarely encounter examples of higher levels of development. Secondly, the meaning in life to which the centauric individual is oriented is generally socially constructive and therefore the individual's behaviour gains societal approval. Thirdly, the centauric individual often displays characteristics highly valued by Western culture (e.g., intelligence, creativity and clear perception). Frankl's (1966) "self-transcendent" individual, Rogers' (1980) "fully-functioning" individual and Maslow's (1971) "self-actualizer" exemplify this level.

Jung's (1972) work is one of the few Western attempts to consider levels beyond the centaur (Wilber, 1980). However, Eastern religious systems have focussed their efforts on explaining and promoting development beyond the centauric level. Consequently, Wilber relies heavily on esoteric religion in his description of these upper levels.

In the transpersonal or subtle realms, the self begins to identify with consciousness which is external to personal consciousness (e.g., Jung's (1972) collective unconscious) (Wilber, 1977, 1980). The individual begins to experience a form of being which is greater than a "body-bound" self. This expansion of consciousness continues through the subtle realms and the subsequent causal realms as the individual experiences his or her connection with the universe. Describing this experience is difficult because "subject" and "object" lose much of their meaning in these realms.

In the Ultimate realm, or Level of Mind, the individual directly experiences unity with the universe (Wilber, 1977, 1980). At this level there is no separate self: only Self (i.e., the consciousness of the universe) remains. The self/not-self boundary has been expanded to include everything, thus making the idea of "self" obsolete.

The above synopsis of Wilber's (1977, 1980) levels of development is deliberately brief. For the purposes of examining "psychological health" the important consideration is the process of development. The self is motivated by the quest for Atman or union with the universe. As each new basic structure emerges, the self transforms from its identification with its present

structure and then identifies with the emergent structure through the process of translation. Having achieved a solid identification, the process of translation generally fails or reaches its limit. For example, formal operational thought is used in translation at the mental-egoic level. The mental-egoic self is a conceptual self which perceives thought to be the key to immortality. Once the ego is strong, continued formal thought does little to contribute to the self's quest for unity with the universe. The self realizes that thought will not lead to unity and begins the quest for meaning in life (centauric level) in the hope that therein will lie Atman.

Transformation and translation must alternate in order for development to continue (Wilber, 1983). These concepts are important for the ensuing description of health. We adopt the standard of functioning according to design as the primary measure of health, using Wilber's (1977, 1980, 1983) model as illustrative of human design.

A Process Orientation to Psychological Health

We assume that the human psyche influences behaviour. This is a widely accepted assumption which we will not defend. Behaviourism is the only major force in psychology which does not hold this view. Behaviourism maintains that environmental stimuli most

strongly influence behaviour and that processes of the psyche are of considerably less significance (Skinner, 1953).

We also assume the the human psyche operates in a patterned fashion. We must assume this if we are to hold both the previous assumption and the view that psychological theorizing is possible (Boorse, 1976). Theory construction is possible only when the phenomena under investigation are not random. If we assume the psyche's influence on behaviour we must also assume predictability in the psyche's processes in order to continue theorizing.

We do not assume that healthy behaviour is desired by either the individual or society. It may often be the case that "healthy" and "desirable" describe the same behaviour, but this occurrence has no bearing on the theoretical investigation of "health" (Boorse, 1975). We mention this because confusion often arises between therapeutic goals (desirability) and theoretical explanations (health) (Boorse, 1976).

Another source of confusion occurs when one equates "healthy" with "ideal" (Boorse, 1975). Maslow (1970) was perhaps the most prominent theorist to use these terms interchangeably, viewing the "best specimens" as the most "healthy." Our view is that highly developed individuals exemplify the upper limits of development

(i.e., human potential or design) and thus are worthy of study. They are valuable for examination because they indicate the nature of human design (in the same way that dogs show us what puppies will become). Maslow saw this value but proceeded to equate "fully developed" with "healthy." Highly developed individuals were the standard of health in Maslow's view. Since very few individuals are fully developed, most individuals are considered only partly healthy from a Maslowian perspective. For Maslow, health was an outcome rather than a process.

Rather than being examples of "health," we view fully developed humans as representing the outcome of healthy development. Maslow's (1970) "self-actualizers" were able to actualize only because of prior healthy functioning. In our view, development toward full humanness is healthy whereas the outcome of full humanness merely indicates that healthy functioning has occurred. Movement toward full humanness, or the utilization of potentials as they arise, is the primary criterion of health. This standard is a variant of the medical criterion of "functioning according to design" (King, 1945).

Our view is different from the medical outlook because we understand "design" as an evolving process rather than as a static end-point. In other words,

human design changes with human development. A child is designed to function differently than an adolescent or adult and has potentials specific to his or her developmental level. Assessing a child's health entails comparing the child's functioning to the "design" of children at the appropriate developmental level. More accurately, assessing health involves a comparison of the individual's functioning with the individual's design. That is, health is measured by the discrepancy between the actual and the potential functioning of the individual. Unlike Maslow (1970), we conceive that it is possible for an individual, at any age, to be healthy.

Assessing health relative to individual potentials rather than species potential is essential. We do not view each individual as capable of reaching the developmental potentials of the species. Individual differences in humans are too great to expect this: no mentally handicapped child can be an Einstein, for example. It is an obvious but significant claim that individuals can either be all they can be or be something less. Being all one can be is healthy; being something less is less healthy. However, the limits of what one can be are determined by one's developmental level.

The problem in defining health in this manner lies with the assessment of individual potential. Wilber's (1977, 1980, 1983) model aids the solution of this problem by providing a means of measuring both actual and potential development. Wilber's theory delineates the upper limits of personality development as well as the steps leading toward these limits. His model also outlines the general process of development as it occurs between and within levels.

Wilber's theory and psychological health

The basic structures of consciousness are the "rungs" of the developmental "ladder" (Wilber, 1983). Development consists of the self climbing the ladder and identifying with each emerging rung. As the self identifies with each basic structure of consciousness it takes on the characteristics of the developmental levels. This identification occurs through the process of translation. Once translation has stabilized the self's identification and a new structure emerges, transformation usually occurs. However, basic structures may emerge prior to the self's willingness to identify with them. To use our ladder metaphor, rungs may be in sight which the self is not willing to climb. For various reasons the self may be engaged in translation at one level when one or more higher structures have emerged. For example, an individual may

be capable of formal operational thought yet choose to operate on his or her world with concrete operational thought. This "developmental lag" is unhealthy. Healthy functioning is indicated by the self achieving stable identification and then transforming its identification with the next emerging structure. The lack of transformation indicates either inefficient or fixated translation.

Translation is necessary for development and therefore, can be healthy. For example, a child must master concrete ways of thinking before having the ability to think formally. However, translation is necessary only insofar as it creates the opportunity for transformation. By stabilizing identification the process of translation also produces the capability for dis-identification. The self should not dis-identify with a structure until it has formed a firm identification because doing so may result in the disassociation of the structure. Translation becomes unhealthy when its operation continues past the establishment of a strong identification. This means that an initially healthy set of behaviours may become unhealthy. For example, it is healthy for the child in the above example to learn to think concretely. However, it is unhealthy for the child to continue

thinking in only concrete terms when he or she is capable of formal operational thought as well.

The self displays characteristics of the appropriate transition stage as it identifies with a basic structure (Wilber, 1983). Thus, determining an individual's actual developmental level involves determining the transition stage characteristics he or she is displaying (e.g., Kohlberg's (1964) moral level, Maslow's (1954) needs). The assessment of an individual's potential developmental level can be more difficult. The discernment of the potential level requires ascertaining the highest basic structure presently available to the individual. This essentially entails assessing the individual's cognitive capabilities. For example, consider a child who uses non-verbal means of indicating desires (e.g., pointing). This child is at the typhonic level and would display other characteristics of this level. However, the child may be capable of using language for the expression of desires. The capability for language may be seen in other contexts: perhaps the child talks when playing, or resorts to language when the parents do not give in to his or her non-verbal demands. The child's capability for language indicates that the basic structure of consciousness corresponding to the verbal-membership level has emerged. There is a

discrepancy between available basic structure and actual transition stage, indicating unhealthy development.

Measuring health according to individual norms accomodates individual differences. This is important because behaviours which are healthy for one individual may not be for another. Most prominent psychotherapies operate under the assumption that individuals should display similar characteristics if they are to be healthy. We view this as an inaccurate and damaging assumption. As an illustration, we will examine the role of meaning in life (having a "mission," "cause" or purpose) at various developmental levels.

Some theorists view meaning as one of the central aspects of psychological health. For example, Frankl's (1963, 1970) logotherapy is designed to assist clients in establishing meaning regardless of their developmental level. In Wilber's (1977, 1980) model, meaning in life is a healthy characteristic only for the centauric individual and may be harmful at other levels.

Prior to the centauric level, the mental-egoic self is concerned with stabilizing its identification with the mental-ego. Meaning in life is a transcendent function (i.e., the mental-ego is transcended in service of the world) which requires a strong mental-ego (Frankl, 1966; Wilber, 1980). Finding meaning in life at the mental-egoic level could result in premature

transformation. The mental-ego's needs may not be gratified and this could either cause difficulties in further developmental levels, or it may result in regression to the mental-egoic level at a later time. For example, an adolescent entering a monastery may find asceticism impossible to cope with because ungratified needs are being denied. In time, the individual may have to return to the social network to satisfy these needs.

During the centauric level meaning in life is a healthy translation process (Wilber, 1980). However, if the transpersonal structures emerge and the individual continues to identify with meaning, transformation will not occur. This is unhealthy because development is halted. Meaning in life is strongly encouraged in Western society and thus may be difficult to relinquish. Meaning is an instance where healthy functioning may not be desirable functioning. Society often benefits from individuals devoted to causes because these causes are often directed toward improving society.

Conclusion

"Psychological health" is an important concept to personality theory. The investigation of personality is oriented toward the discovery of human design. Psychological health is the natural manifestation of that design. We have outlined a general perspective of

psychological health based on the changing nature of human design throughout development. Simply, to be healthy is to develop in accordance with one's design. We agree with Maslow (1954) that "being all one can be" is healthy, but we disagree that all the potentials of the human design are available to each individual. Not every individual may become a sage or self-actualizer, but every individual has the potential to be healthy. In our view, utilizing one's potentials as they become available is the primary indicator of health.

Wilber's (1977, 1980, 1983) model appears to provide the possibility for assessing both an individual's developmental level and his or her potential capabilities. Determining the status of health through Wilber's theory does not require the comparison of individual functioning with the functional capabilities of the species. Measuring health in this fashion incorporates individual idiosyncracies in design and thus provides a more reasonable assessment of individual functioning than has previously been possible.

Assessing health accurately can engender important pragmatic ramifications. Although "health" is a theoretical construct which need not have any bearing on human conduct (Boorse, 1976), practitioners often consider their therapeutic goal to be "healthy

functioning" (Patterson, 1980). Conceiving "health" with clarity may assist therapists in better distinguishing "healthy" behaviour from "desirable" behaviour. We do not claim that these behaviours are necessarily different; rather, we emphasize that precision in determining the nature of each facilitates the explication of therapeutic goals. Our present intent is to avoid prescriptions for behaviour: prescriptions are perilous given the primitive nature of psychological theorizing.

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